

# Contact Information

Thanks for participating in our study. We look forward to meeting you when we visit your coalition. We're contacting you now because we need some information from you before we visit. Note that we will keep all the information you provide us strictly confidential.

To be completed by interviewer:

Subject ID: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

## Section A - Contact Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

Please provide us the email address and telephone number where it is most convenient for you to be contacted when it is time to complete the 12 and 24 month follow-up surveys.

Preferred Email address: \_\_\_\_\_

Preferred Telephone: \_\_\_\_\_

## Section B - Honoraria Information

You or the person/organization you select will receive \$100 for completing surveys immediately before and after the presentation. Please note the name and address of the person/organization you wish to receive the \$100. Please contact Grant Lunney at (303) 922-0939 or [grant.lunney@cbghealth.org](mailto:grant.lunney@cbghealth.org) if the person/organization has not received reimbursement within two months of the presentation.

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_