

## DISTANCE LEARNING Participation Form

(fax <u>after</u> program)

	Title of Broadcast:	
R	Reducing Risk Factors at Retail and Food Service (FD216)	
Ε	Date 11/30/06	
G	Work E-Mail Address	
	First Name	
/	First Name MI. Last Name	
	Ageney	
S	Agency  O USFDA  O USDA  O DOD  O OTHER FEDERA	L O STATE
$ _{T}$	O LOCAL O FOREIGN GOVERNMENT O ACADEMIA O INDUSTRY	O OTHER
	Name of Agency	
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	The FDA Region You Are Located	
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	Work Address City State Zip Code	
<i>T</i>	Work Address  City  Mailing Code  Telephone Number	eExtension
Τ	Work Address  City  Mailing Code  Telephone Number	
T ,	Mailing Code  Telephone Number  Fax Number	
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Return your evaluation via:

Fax: (301) 827-8708