



28101

# DISTANCE LEARNING Participation Form (fax after program)

**Title of Broadcast:**

R **Reducing Risk Factors at Retail and Food Service (FD216)**

Date

E   /   /

G **Work E-Mail Address**

I **First Name**

**MI.**

**Last Name**

S **Agency**

USFDA

USDA

DOD

OTHER FEDERAL

STATE

T  LOCAL

FOREIGN GOVERNMENT

ACADEMIA

INDUSTRY

OTHER

**Name of Agency**

A **The FDA Region You Are Located**

HQ

NE

CE

SE

SW

PA

**District**

**Work Address**

I **City**

**State**

**Zip Code**

-

O **Mailing Code**

**Telephone Number**

(    )

-

**Extension**

N **Fax Number**

(    )

-

Return your evaluation via:

Fax: (301) 827-8708