

TTC Event Description Form

Please complete this form for each event implemented or sponsored by your Technology Transfer Center (TTC).

Date: _____ **Location:** _____ **TTC:** _____

Event Title: _____ **Event Code No.:** _____

Total # of participants: _____

of participants consenting to follow-up: _____ Total # of follow-up surveys sent: _____

Enter N/A for "Not applicable" if the event is less than 3 hours.

How many contact hours is this event? _____

Public reporting burden for this collection of information is estimated to average 5 minutes per response to complete this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0383.
