



# Illinois Coalition for School Health Centers

*A project of the Illinois Maternal and Child Health Coalition*

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## ICSHC PowerPoint Presentation Tracking Form 2009

Name of Presenter: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

Presented to (organization): \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_

Number of People in Attendance: \_\_\_\_\_

### New Contacts:

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

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

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

Follow-Up: \_\_\_\_\_

Follow-Up: \_\_\_\_\_

If you have any questions, please contact Megan Erskine at [merskine@ilmaternal.org](mailto:merskine@ilmaternal.org) or call (312) 491-8161.

\*\*\*PLEASE FAX THIS FORM BACK to (312) 491-8171\*\*\*