## FIRST DEGREE Outreach Screening Questionnaire

Screening Date:	
Organized By:	
Screening Location:	
Screening Address:	
Number of Attendees	S:
Description of Attend	dees (staff members, professionals, educators, etc.):
Panelists (if applicable)	- Name, Title, Organization:
Objective of the Scre	ening:
Did the Screening Ac	chieve the Objective?
Responses to the Fil	m:

Please return Screening form and E-mail list by e-mail, fax, or mail to:

Public Policy Productions PO Box 650 Palisades, NY 10964 Ph: 845-398-2119

E-mail: pppinfo@pppdocs.com

Fax: 845-398-2620

## **FIRST DEGREE**

## E-mail list for people who would like to receive PBS broadcast notice E-mail list for people who would like to host an outreach screening outreach screening

Name:	Name:
E-mail:	E-mail:
Name:	Name:
E-mail:	E-mail:
Name:	Name:
E-mail:	E-mail:
Name:	Name:
E-mail:	E-mail:
Name:	Name:
E-mail:	E-mail:
Name:	Name:
E-mail:	E-mail:
Name:	Name:
E-mail:	E-mail:
Name:	Name:
E-mail:	E-mail:
Name:	Name:
E-mail:	E-mail:
Name:	Name:
E-mail:	E-mail: