

PRESENTATION FORM

PRESENTATION FORM

MASTER GARDENERS, please complete this form whenever you make a presentation to a group. These forms are required for Federal Affirmative Action audits, to document that we provide information and services to all people, without regard to race, color, sex, age, handicap, or national origin. Thank you for your cooperation.

Date: _____ Time: _____

Name of presenter: _____

Title of presentation: _____

Brief Description of Objective: _____

Who made up the audience? _____

Numbers attending (make estimates as accurate as possible):

- Black _____
- White _____
- Hispanic _____
- Native American _____
- Oriental _____
- Other _____

- Male _____
- Female _____

AT THE BEGINNING OF YOUR PRESENTATION, PLEASE CIRCULATE A NOTE PAD. ASK ALL IN THE AUDIENCE TO PLEASE LIST THEIR NAME. ATTACH THAT LIST TO THIS FORM WHEN YOU ARE FINISHED WITH THE PRESENTATION. SEND THE FORM AND LIST TO:

Leon County Extension Master Gardener Programs
615 Paul Russell Road
Tallahassee FL 32301