

REPORT FORM

How Did You Celebrate The Day?

Here is your chance to let us know about your World Mental Health Day Events and help us improve upon future kits. The strength of this project lies in the effect it has in the field - therefore we urge you to send in a report of your 2002 activities. We are considering only sending a kit to those who send in reports of activities - so we hope everyone will join in and not only do something to 'spread the word' but let the rest of the world know what you are doing by writing back to us! Every event - no matter how large or small - is important to us. And all pictures, news articles, and promotional materials are welcome. Most of the prominent activities, if sent in by January 1, 2003, will be in the World Mental Health Day Summary Report, which is compiled, published and distributed each year to friends of WFMH from around the world. We look forward to hearing from all of you!

(PLEASE PRINT ALL INFORMATION)

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

1. Overall, how satisfied were you with the World Mental Health Day Educational Material? (circle one)

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

2. Do you have any helpful suggestions on information that could be useful for future planning material?

3. Please circle the materials within the planning kit that you feel are useful for World Mental Health Day.

'What You Can Do' section

Sample Letters

'Publicizing Your Event' section

Proclamation

Tips for Celebrating WMHDAY

Women Leaders Information

Resources

4. If you were to choose the one outcome that you are most proud of accomplishing through your World Mental Health Day Event, this year, what would it be? (Use additional pages, if needed)

5. What Special Events did you hold to observe World Mental Health Day?

Do you know of anyone who would be interested in obtaining a copy of future World Mental Health Day Educational Material? Please **PRINT** their name and address below:

Name: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please return this form by mail to:

World Federation for Mental Health

P.O. Box 16810

Alexandria, VA 22302-0810