



# Off the Wall Area of Narcotics Anonymous PUBLIC RELATIONS DATA SHEET

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FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT TITLE: \_\_\_\_\_

PHONE NUMBER & EXTENSION: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT. \_\_\_\_\_

DATE OF FIRST CONTACT: \_\_\_\_/\_\_\_\_/\_\_\_\_

WHO MADE INITIAL CONTACT? \_\_\_\_\_

DATE INITIAL PACKET WAS SENT: \_\_\_\_/\_\_\_\_/\_\_\_\_

PACKET SENT BY: \_\_\_\_\_

RUNNING DATE OF LAST CONTACT: \_\_\_\_\_

WHO MADE LAST CONTACT: \_\_\_\_\_

NUMBER OF N.A. POSTERS AT FACILITY: \_\_\_\_\_

LOCATION OF POSTERS AT FACILITY: \_\_\_\_\_

\_\_\_\_\_

SPECIAL REQUESTS BY FACILITY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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NOTES: \_\_\_\_\_

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