



Zeta-Sigma Project Vote Day/Getting to Know Your Candidates Program Reporting Form

Please complete this form and mail it to your State Z-HOPE Coordinator in order to receive Z-Points. Complete a form for each activity.

Chapter/Auxiliary Name: _____ State: _____ Region: _____

Chapter Basileus/Auxiliary President: _____

Z-HOPE Coordinator/Chair: _____

ZETA SIGMA PROJECT VOTE DAY Program Chair: _____
(if different than Z-HOPE Coordinator/Chair)

Chapter/Auxiliary Contact Information:

Address: _____

City: _____ State: _____ ZIP: _____

Phone (Project Vote Program Chair): _____ E-mail (Project Vote Program Chair):

Program Information:

Date of Program: _____

Location: _____

Address: _____

City: _____ State: _____ ZIP: _____

Number of people in attendance: _____

Was information on health disparities discussed? Yes ___ No ___

Was legislation/government intervention relating to health disparities discussed? Yes ___ No ___

Were members of Phi Beta Sigma present at your activity? Yes ___ No ___

How many? _____

Comments (Please provide feedback or suggestions for future *ZETA SIGMA PROJECT VOTE DAY* events. Use back of form if necessary.)
