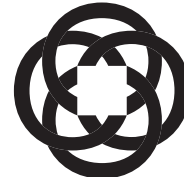


2020 Alabama Comprehensive Cancer Control Coalition Member Information Form



Alabama
COMPREHENSIVE CANCER
CONTROL COALITION

Name: _____

Organization: _____ Profession: _____

Position Title: _____ Degree(s): _____

Specialty/Expertise:

Do you/your work/your organization focus on a particular cancer(s)? Yes No

If yes, what cancer(s) do you focus on? _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip code: _____

Business Phone: _____ Home/Mobile Phone: _____

What ACCCC Committee are you on? (If you are not currently on a committee, please choose a committee to be on)

Early Detection Survivorship Prevention Access to Care

Would you like to have yourself/your organization/your project featured by the ACCCC?

(Please choose one or more options. We will contact you for more information)

Member Spotlight (newsletter) Collaboration Corner (newsletter)

Collected Works Catalog (ADPH web site) Presentation (quarterly meetings)

Do you have suggestions for cities and/or specific locations for future ACCCC meetings?

Do you have any additional comments/feedback/suggestions for ACCCC, meetings, etc.?