

Support Group Facilitator Cover Sheet

Facilitator(s) in Attendance: First and Last Name(s)

Support Group Meeting Summary

Location: _____

Date: _____ **Start Time:** _____

Total Number of Attendees: _____

Meeting Topic: _____

Preparation Time: _____ **Length of Meeting:** _____

Please e-mail your questions or requests to Jan Mueller, Support Group and Advocacy Manager.

Please return this cover sheet with your attendee sign-in for each meeting you facilitate.

Send by fax or mail to **Jan Mueller**, Support Group and Advocacy Manager.

Address:

Jan Mueller
Alzheimer's Association Minnesota–North Dakota
4550 West 77th Street, Suite 200
Minneapolis, MN 55435

Fax: (952) 830-0513

E-mail: jan.mueller@alz.org

Phone: (952) 857-0522

For further information & resources please refer attendees to our
24/7 Information Helpline:
1-800-272-3900



Support Group Attendee Sign-In

Support Group Location: _____

Date: _____

This Support Group provides a safe environment where confidentiality and respect for each other's privacy are essential. What is said here, stays here.

Attendee Information*: (Please Print Clearly)

Returning Members:

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

*Your information is for internal use only. The Alzheimer's Association will not sell or trade attendee information.

To learn more about our services and obtain information and resources, please call our 24/7 Information Helpline at 1-800-272-3900.

