Broken Places **Outreach Screening Questionnaire**

Broken Places

BROKEN PLACES Outreach Screening Questionnaire

Organized By: Screening Location: Screening Address: Number of Attendees: Description of Attendees (staff members, professionals, educators, etc.): Panelists (if applicable) - Name, Title, Organization:	Screening Date:
Number of Attendees: Description of Attendees (staff members, professionals, educators, etc.):	
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Objective of the Screening:	Panelists (if applicable) - Name, Title, Organization:
Objective of the Screening:	
Objective of the Screening:	Objective of the Coverning.
	Objective of the Screening:

d the Screening Achieve the Objective?	Did the Screening Ach
	Responses to the Film:

Please return Screening form and E-mail list by e-mail, fax, or mail to:

Public Policy Productions

PO Box 650

Palisades, NY 10964

Ph: 845-398-2119

E-mail: pppinfo@pppdocs.com

Fax: 845-398-2620

E-mail list for people who would like to receive PBS Broadcast notice E-mail list for people who would like to Host an Outreach Screening First and Last Name Email First and Last Name Email

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