

A.B.A.T.E. of Illinois Inc. Presentation Report

Organization Name: _____

Contact Name: _____ Phone: _____

Address: _____

Comments: _____

Thank you for incorporating A.B.A.T.E. of Illinois, Inc. in your Drivers' Education Program.
Education is the key to safer Highways for everyone.

A.B.A.T.E. Instructor(s)

Name: _____ Chapter: _____

Address: _____

Phone: _____

Presentation date: _____ Presentation(s): _____ Participants: _____
Each presentation separate by commas

Were you invited back? Yes No Number of Materials used today: Pens: _____ Key Fobs: _____

Poster(s): _____ Brochures: _____

Please make sure that you sent a copy of this report to the Safety & Education Coordinator at the end of each month.
