

## Attend Chronic Disease Conference or Training Outcomes Report

**Return to:**

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**Grantee Name:**

**County:**

Questions:

1. What event or events did you choose to attend?
2. What sessions during the event(s) did you find most valuable?
3. By attending the chosen event(s) did your knowledge of asthma or diabetes increase?  
Please provide at least one example of something that you learned by attending your chosen event(s).

