**Program Evaluation Summary**

**AAFP & AAFP Foundation FMIG Network Funding Initiative**

\* Note: completion of all sections is required.

***Medical School***:

***Presentation or Project Date:***

***Presentation or Project Title:***

***Type of Program or Project:***

***Presenter(s):***

***Total Number of Attendees:***

***# M1:***

***# M2:***

***# M3:***

***# M4:***

***# Faculty:***

***Please describe the presentation or project (100-200 words):***