



**Alabama  
Comprehensive  
Cancer  
Control  
Coalition**

### **Contact Information Sheet**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization: \_\_\_\_\_

Credentials: \_\_\_\_\_

E-Mail and/or Website: \_\_\_\_\_

Please indicate the workgroup you are a member of:

**Prevention**

- Tobacco
- Nutrition & Physical Activity
- Sun Exposure

**Survivorship**

- Treatment
- Follow-up
- End-of-Life

**Early Detection**

- Breast and Cervical
- Colorectal
- Prostate

**Surveillance**

**Research**

**Environmental, Medical and Occupational**

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_