



Let's Take ACTION Together

The ACTION Campaign:

Adopting Changes to Improve Outcomes Now



My organization will be among the first to take part in this national initiative by supporting the ACTION Campaign.

My organization will participate as:

- Treatment provider
- State Provider Association
- Single State Agency
- Other (please describe):

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: () _____

E-mail: _____

City: _____ State: _____ Zip: _____

- My organization is interested in promoting the ACTION Campaign at an upcoming event. Please contact me for more information.

Please fax to:
 (608) 890-1438, attention: Bonnie Roth.
 For more information, please contact info@actioncampaign.or