



# Project Fulfillment



School Name \_\_\_\_\_

Principal/Director Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

1. Date *No Place for Hate*® project completed in your school

\_\_\_\_\_ 1 of 3 Projects      \_\_\_\_\_ 2 of 3 Projects      \_\_\_\_\_ 3 of 3 Projects

3) Supplemental materials:

- Photographs (with description including names of individuals and affiliations)
- Power Point Presentation
- Newspaper/Newsletter articles
- DVD/Video Link/ Video
- Letters (to parents, from local participants, etc.)
- Other (please specify): \_\_\_\_\_

4) Number of and type of attendees (teachers, students, parents) at each event:

\_\_\_\_\_ 1 of 3 Projects      \_\_\_\_\_ 2 of 3 Projects      \_\_\_\_\_ 3 of 3 Projects

Please fax or mail this form to the Anti-Defamation League  
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 • Fax 561.989.0712 • www.adl.org/florida •