**Association of State and Territorial Dental Directors**



**National Center on Health, Behavioral Health, and Safety**

**Meeting Report Form**

Name of Meeting:

Location:

Dates:

Person Reporting:

Presenter(s):

1. Purpose of meeting/conference (target audience and number of participants):
2. Identify key points:
3. New information relevant to state, local or community dental programs:
4. Information of importance to ASTDD as an organization:
5. Suggestions for future interactions with this group:
6. Other comments: