STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



| Type or Print all Information Clearly: | | | | | | |
|---|---------------------|--|--|--|--|--|
| Name: Chure J Gen | Cron Last | Work Phone No. 63-271-4988 | | | | |
| Work Address: NH Dept of Heath + Hu | emansvcs, | 29 HazenDr., Concord NH 03301 | | | | |
| Office/Appointment/Employment held: | SECRETAR | RY | | | | |
| or expense reimbursement. When the source is a corpor | ration or other ent | of business, if any, of the source of any reportable honorarium tity, the name and work address of the person representing the ent must be provided in addition to the name of the corporation | | | | |
| Source of Honorarium or Expense Reimburseme | ent: | | | | | |
| Name of source: | | | | | | |
| First | Middle | Last | | | | |
| Post Office Address: | Address:RECEIVED | | | | | |
| Occupation: | | | | | | |
| | | UCI 1 / 2016 | | | | |
| Principal Place of Business: | | NEW HAMPSHIRE | | | | |
| If source is a Corporation or other Entity: | | DEPARTMENT OF STATE | | | | |
| Name of Corporation or Entity: WESTAT | 150 | **** | | | | |
| Name of Corporate/Entity Representative: | DA BEST, I | LOGISTICS COOPDINATOR | | | | |
| Work Address of Representative: Neso Res | EARCH BL | YD , ROCKVILLE MD 20850 | | | | |
| Food and/or beverages consumed pursuant to RSA 15-E | 3:6, II with value | over \$25.00 □ | | | | |
| Value of Honorarium. Date Received: the gift or honorarium and identify the value as an est | imate. Exact | exact value is unknown, provide an estimate of the value of the Estimate | | | | |
| Value of Expense Reimbursement. 250.3 Date Rebe attached to this filling. Exact Estimate | ceived:101121 | LGA copy of the agenda or an equivalent document must | | | | |
| Briefly describe the service or event this Honorarium or | Expense Reimbu | ursement relates to: | | | | |
| Youth Risk Behavior Survey tr | aining to | adminster the survey in NH. | | | | |
| "I have read RSA 15-B and hereby swear or affirm that and belief." | the foregoing info | formation is true and complete to the best of my knowledge | | | | |
| Signature of Filer | | Date Filed | | | | |

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

Youth Risk Behavior Survey Training Westat Training & Conference Center Rockville, MD August 23-24, 2016

YRBS 2017—Agenda At-A-Glance*

| | Meeting Site: Westat 1600 Research Blvd, Rockville, MD 20850 5:0 | Marriott Gaithersburg 9751 Washingtonian Blvd, Gaithersburg, MD 20878 | | Arrive in Gaithersburg (Most participants will arrive on Monday, | 9: |
|---|--|---|--|---|--|
| Dinner on your own Have a lovely evening! | 5:00 pm—Adjourn | Reconvene/Q&A Reconvene/Q&A YRBS Task #3—Selecting a Sample YRBS Task #4—Obtaining Clearance Closure- Day One | 11:45 am—Lunch (Provided) 12:30 pm General Session | Openers Openers The YRBS Story YRBS Task #1—Planning the Survey YRBS Task #2—Modifying the Questionnaire | Tuesday, August 23 8:30 am—Registration/Meet & Greet 9:00 am |
| Safe Travels Good luck with your YRBS! | YRBS Task #7—Preparing Data for Analysis Closure/Evaluations 4:00 pm—Adjourn | Session 1: Sharing Your Results Artfully Session 2: From Data To Application Session 3: What Do All These Numbers Mean? General Session Reconvene and Regroup | 11:30 am—Lunch (Provided) 12:15 pm 12:15 pm | Openers Openers Day Two Overview/Q&A YRBS Task #5—Obtaining Parental Permission YRBS Task #6—Administering the YRBS | Wednesday, August 24 8:00 am—Turn in Homework/Mix & Mingle 8:30 am |

^{*}Times may change slightly when agenda if finalized.