



Native American Promising Practices (N.A.P.P.)

Name of Event(s):

Contact Information:

Name:
Address:
City, State, Zip:
Phone number:
E-mail:
Website:

Dates of Event(s):

Event Attendance:

Goals of Event:

(Please fill out which goal areas that were addressed and how it relates to honoring and celebrating our responsibility to traditional tobacco.)

1. Prevent initiation among youth and young adults.
2. Promote quitting among adults and youth.
3. Eliminating exposure to secondhand smoke.
4. Identifying and eliminating tobacco-related disparities among populations groups.

How was this event culturally appropriate to your area? How did you use traditional tobacco in your event?