**Contact Log for Campeonas**

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| Name of Campeona: | | | | | | | City: |
| Location of the Training & Name of Organization: | | | | | | | State: |
| Date of Contact | Name of the Person Contacted | Age | Country of Origin | Relationship  (mother, sister, cousin, friend or other) | Shared *Novela* and list of mammography programs?  (✓) | Willing to  have a mammogram?  (Yes or No) | Comments |
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