**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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