U.S. Pain Foundation

Chronic Pain Advocacy Training Program
Participant Project Proposal Form

Name: _____

Title/Subject of Advocacy Project:

_____

Project Objectives (list 1–3)

1. _____
2. _____
3. _____

Why This Project Matters

(What motivates you to work on this issue? Why is it important to you and to the chronic pain community?)

_____

_____

_____

Planned Actions

(What specific steps will you take to carry out your project?)

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