

***Note:*** *This form must be completed and returned to the Title III office for reimbursement.*

***Please type information.***

|  |  |
| --- | --- |
| Activity Title: | Account #: |
| Name of Participant: |
| Conference/Workshop Attended:  |
| Place of Meeting:  |
| Date(s) of attendance:  |
|  |
| Provide a brief overview of the conference/workshop you attended.  |
| How will the information learned benefit your program/department?  |
| How would you evaluate this conference/workshop? Choose your ratingYou would recommend for future attendance. Choose your rating  |
|  |
| Explain how this information will be disseminated or shared with colleagues.   |

*(Attach additional information if needed.)*

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Participant |  | Date |  | Supervisor |  | Date |