

***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 rating  You would recommend for future attendance. Choose your rating | |
|  | |
| Explain how this information will be disseminated or shared with colleagues. | |

*(Attach additional information if needed.)*

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