

Midwestern Adult Day Services

317 Huron Road
Box 1000
Clinton, ON. NoM 1Lo

Telephone: (519) 482-7800
Fax: (519) 482-1236
E-Mail: daycentres@mwads.org

SEMINAR and CONFERENCE REPORT

Instructions: This report is to be completed within two (2) weeks after attending a Seminar or Conference. Distribute a copy of this report to your supervisor and the Executive Director. Use additional pages, as necessary, to provide a full report.

Name of person attending seminar or conference	
Seminar or conference name	OVERALL EVALUATION <input type="checkbox"/> Poor <input type="checkbox"/> Below Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Seminar or conference presented by:	Name of leader:
Date(s) of seminar or conference	Size of group attending
Purpose in attending seminar or conference	
Summarize the contents and the main points of the seminar or conference. Use additional pages, if necessary.	
Will you use this data in your job? If yes, explain how.	
Do you recommend others in the Company attend this program? If so, who?	
Should similar conference material be presented in-house? If so, by whom?	
Employee Signature:	Date: