

SIG EVENT/WORKSHOP: POST EVENT REPORT

Please complete this form, and email it to the SIG LIASON (danielfactor@me.com) for placement on the agenda of the next available Executive Board meeting, and all other forms noted below as directed on each form.

Today's Date:

Name of SIG:

SIG Chair:

SIG Chair:

Event/Workshop Title:

Date of Event:

Time (Start/End):

Name of Venue:

Number of Attendees:

Pre-registered:

Walk-ins:

Total Participant Revenue Received:

Participant Fees owed? Yes

No

Amount Owed?

If yes, please explain:

Participant Refunds completed? Yes

No

(Please use FORM: K)

CEUs Offered? Yes

No

(Please use FORM: I)

CEU paperwork collected? Yes

No

CEUs Delivered? Yes

No

SIG Expenses to reimburse? Yes

No

Expenses to reimbursement? Yes

No

(Please use FORM: L)

SIG Chair/s impression of event: Lessoned Learned?

Summary of participant evaluations

Anything you need assistance with?