



Conference/ Seminar Report

Employee Name: _____ Supervisor Name: _____

Employee ID Number: _____ Division: _____

Conf/Seminar Title: _____

Date(s): _____ CEU's Earned (if applicable): _____

Implementation at Mountwest: (What issues/ aspects of the training event could be put into practice at Mountwest Community & Technical College?) **Other comments?**

Was this conference/ seminar worth attending? ☐ Yes ☐ No

Could the information received be used to train other staff/ faculty? ☐ Yes ☐ No

If yes, then who would benefit ☐ Faculty ☐ Staff ☐ Both

Would you be willing to share or present information to other colleagues? ☐ Yes ☐ No

Employee's Signature

**Please submit this form along with copies of any materials (PowerPoints, website info, etc.) from the conference/ seminar to the office of Human Resources. In addition, please attach any certificates you received as a result of the seminar/ conference.*