

SEMINAR REPORT

NAME _____ STUDENT ID# _____

DATE _____ TIME: _____ AM/PM to _____ AM/PM

SEMINAR TITLE _____

SEMINAR LEADER/INSTRUCTOR _____

OBJECTIVES:

1) _____

2) _____

3) _____

SUMMARY:

Trainer/Supervisor

Group Leader/Instructor

Date _____

Date _____

***Supervisor or Trainer must sign**