

CHAPTER EDUCATION SEMINAR SUMMARY REPORT

Please furnish the following information to your CSI Region Education Chairman immediately following the seminar.
<u>Title</u> :
<u>Date/Time/Duration</u> :
<u>Location:</u>
Seminar Attendance: (Number of Registrants) CSI Members: Non-CSI Members:
<u>Learning Units</u> :
Speaker:
Financial Information: Registration Fee: Speaker Costs: Other Costs:
Seminar Content:

Evaluation Summary:

<u>Information Source:</u> (Name/e-mail address)