

Fall Conference Report

Region

Please complete and return to the MSSA office no later than November 1.

General Information

Theme: _____ Date _____

Attendance _____

Fee Charged _____ Differential fee for Non-members? Yes No If yes, amount \$ _____

Attach a copy of program and business meeting agenda.

Program Information

Keynote Presenter: _____

Topic/Presentation Title: _____

Mailing Address: _____

E-mail: _____ Daytime Phone: _____

Keynote Quality (check one)

Excellent Above Average Neutral Below Average Poor

Comments/Suggestions: _____

Workshop Presenter: _____

Topic/Presentation Title: _____

Mailing Address: _____

E-mail: _____ Daytime Phone: _____

Workshop Quality (check one)

Excellent Above Average Neutral Below Average Poor

Comments/Suggestions: _____

Workshop Presenter: _____

Topic/Presentation Title: _____

Mailing Address: _____

E-mail: _____ Daytime Phone: _____

Workshop Quality (check one)

Excellent Above Average Neutral Below Average Poor

Comments/Suggestions: _____

For additional Workshop information use blank sheet.