



CONFERENCE POST-ATTENDANCE DETAIL REPORT

Refer to the Staff Training & Development Policy HR-02-02, Document No. 001, Page 8.

This form **MUST** be completed within 10 business days of attending a conference and forwarded to your respective Departmental Director.

Today's Date: _____ Date of Conference: _____

Employee Name: _____

Department (choose from dropdown): _____

Name of Conference: _____

Type of Attendance: In-Person Virtual

Location of Conference: _____

Purpose of Conference: _____

List of Conference Sessions Attended:

New Skills or Information Obtained as a Result of Attending:

Contacts Made During the Conference:

Summary of Benefits Acquired from Attending this Conference:

Would you recommend this conference to others: Yes No

Who would you suggest attend this conference in the future:

Why would you suggest they attend:

Conference Detail Review

Reviewed by:

Date of review/discussion: