

Post Event Activity Report

Please complete and returned this form to the Office of Continuing Education once a Conference / Workshop / or Non-Credit Event has been conducted.

Was this a New or Existing Conference/Activity? Yes No

Account #: _____

Department: _____

Event Coordinator/Contact Person: _____

Title of Conference/Activity: _____

Date of Event: _____

Location of Event: _____

Total Enrollment/Attendance (*Attach sheets*): _____

Total Revenue Generated: _____ Fee Charged: _____

(Event Coordinator, please print name and sign)

Date

(AVP Assistant Vice President, please print and sign)

Date