**Conference Summary**

**Conference Title:**

Click here to enter text.

**Date of Conference**

Click here to enter text.
**Summary of what was learned:**

Click here to enter text.

**What information would be useful for this Agency?**

Click here to enter text.

**How would this information be implemented/applied effectively?**

Click here to enter text.

**Who should know about this information:**

Click here to enter text.

**Date staff plans to present to other staff:**

Click here to enter text.

**Staff Name**

Click here to enter text.

**Staff Signature**

 **Supervisor Signature**

**Please return the completed form to the Training Department**