Reference # **TE #** _____

EAST LOS ANGELES COLLEGE
Report on Conference Attendance

This form is to be completed and submitted to the President's Office within ten days after the conference. If approved for reimbursement, attach Travel Expense Claim form and receipts.

_____ _____
Name of Employee **Position or Subject**

_____
Name of Conference

From **To** _____ _____
Dates of Conference **Location**

Summarize briefly the information you obtained by participating in this conference which would be of particular interest to you and/or other employees in your area. (Use additional pages if necessary).

How has this information been communicated to other staff members in your area?

Would you recommend staff participation in this conference if it were to be held again in the future?

_____ _____
Signature - Person attending **Date** **President/Division Head** **Date**