

# Continuing Education Report

Buswell Memorial Library

Wheaton College

Please complete this form within 30 days of attending your event.

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Location: \_\_\_\_\_ Date(s) Attended: (MM/DD/YYYY) \_\_\_\_\_

Sponsoring Organization:

CARLI       ALA       ACRL       LOEX       MLA

Other:

Summary of what you learned at this event \*

Recommendations/Suggestions for how well Buswell Library could benefit from this information

Who from the event could be contacted for more information on this topic?

\_\_\_\_\_