

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?
