AMERICAN BUS ASSOCIATION

Marketplace Seminar
Audio Cassette Evaluation Form
For CTIS Credit

(Please copy this form as needed)
Name:_____
Company:_____
Address:_____
Phone:_____FAX:_____
E-mail:_____

Seminar Title:_____
Speaker:_____
Marketplace Year*: (Circle one)* 2002 2003 2004 2005 2006 2007
2008 2009 2010 2011 2012 2013

Seminar Summary: *(Key points, themes, ideas)*_____
_____
_____
_____
_____
_____
_____
_____

List 3-5 ideas that will be helpful in your professional life:_____
_____
_____
_____
_____

What other ideas/topics would you have liked to have been touched upon or explored in more detail:_____
_____

Signature:_____Date:_____

Please fax or send your completed form to:
American Bus Association
Attn: CTIS Program
700 13th Street, Suite 575
Washington, DC 20005
Fax: (202) 898-1575