AMERICAN BUS ASSOCIATION

Seminar/Webinar Evaluation Form
For CTIS Credit

(Please copy this form as needed)

Please check the box with the corresponding type of seminar

- ☐ **Webinar** (each webinar is equal to ½ credit)
- ☐ **Marketplace Seminar Audio Cassette** (each seminar is equal to 1 credit)
- ☐ **State Association Seminar** (each seminar is equal to ½ credit)

Name:_____ Date:_____
Company:_____
Address:_____
Phone:_____FAX:_____
E-mail:_____

Seminar/Webinar Title:_____
Speaker:_____
Audio Recording 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:_____
_____
_____
_____
_____

Signature:_____Date:_____

Please scan, fax or send your completed form to:
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