



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)
- State Association Seminar** (each seminar is equal to ½ credit)

Name: _____ Date: _____

Company: _____

Address: _____

Phone: _____ FAX: _____

E-mail: _____

Seminar/Webinar Title: _____

Speaker: _____

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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