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| NAME: | CTFN No.: |

Notes: Name and CTFN No. will repeat in header on each page. Cells will expand as you type. You can use Tab to move cursor.

For check box, place cursor over box then left click or spacebar to check/uncheck.

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| **Date**  **and**  **Conference Title** | **Presentation title**  **and**  **Co-Presenters** | **Learning Objectives** | **Your New Learning**  **1 to 2 sentences** | **Credits** | **Supporting Documents in Portfolio** |
|  |  |  |  |  | Brochure /Abstract  Evaluation |
|  |  |  |  |  | Brochure /Abstract  Evaluation |
|  |  |  |  |  | Brochure /Abstract  Evaluation |