



VICTOR VALLEY COMMUNITY COLLEGE DISTRICT

Report on Conference Attendance

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Name & Position of Employee

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Name and Location of Conference

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Date of Travel

From:

To:

Summarize briefly the information you obtained by participating in this conference, which would be of particular interest to you, and/or other employees in your area. (Use additional pages if necessary).

Have you, or how do you plan to communicate information learned to other staff members in your area that could benefit from it?

Would you recommend staff participation in this conference if it was held again in the future? Why?

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Signature – Person attending

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Signature – Supervisor

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Signature – Area Vice President

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Signature – Superintendent/President

This mandatory form is to be completed and submitted to the Fiscal Services Department along with all other required documentation (receipts, expense report, etc.) in order to be eligible for reimbursement of expenses and/or approval to travel to future conferences.