

COORDINATOR'S REPORT OF TRAINING

Coordinator _____

Diocese _____

Event # _____ Date of Event _____

Trainer _____

Location _____

Briefly describe facilities. Were they adequate? _____

Number who registered ____ Number who participated ____ Fee \$ _____

Please give your impressions of the event, the participants, and the trainer: _____

Please comment on the support and information you received from us in Sewanee: _____

Prospective dates, location, event type, and start/end times for your next training event: _____

Signature of Coordinator: _____

Date: _____

On the back, please write additional comments you feel would be of help to the EfM training system.

Please return this form to: The School of Theology Programs Center
The University of the South, 335 Tennessee Avenue
Sewanee, TN 37383-0001

OFFICE USE ONLY: Date received: _____ Payment processed: _____

Program Director _____ Assistant Director _____ Program Coordinator _____