Please print.

Reminder:

- Please complete this form within two (2) weeks of workshop completion.
- Return this form with registrations, evaluations, and post-test to:

Indiana Department of Environmental Management Hoosier Riverwatch 100 N Senate Avenue MC65-40-2 Shadeland Indianapolis, IN 46204-2251

WORKOITOI IIII OKIIIXI TOIL			
Facilitator Name			
Assisting facilitators or volunteers			
Type of workshop			
Workshop location			
County			
Workshop date (month, day, year)			Number of participants
WORKSHOP OVERVIEW			
How did the workshop go? (Please share about participant response, what worked, ideas to share, etc)			
BUDGET INFORMATION			
Direct Expenses (If funds were spent on food or other workshop items, please list below.)			
Source of Funds	Item Purchased		Amount Spent
			\$
			\$
			\$
			\$
In-Kind contributions (examples: time prep for workshop, copying, time facilitating)			
Contribution		Dollar Value/Hour	
		\$	
		\$	
		\$	
		\$	

WORKSHOP INFORMATION