

Workshop Number _____

Please note: This Workshop Number must match the number used on the Initial Summary Page submitted for the Workshop.



FINAL SUMMARY PAGE

Please send this completed summary page with

_____ (#) bottom halves of Sign-In Sheets (retain top halves for your records)



You now have the option to submit your Final Summary Page and Sign-in Sheets on-line. Go to our website at www.comp.org and sign in by selecting COMP ONLINE. View your workshop and fill in the the blanks.

Need Help? Call (615) 343-7800

PART I: GENERAL INFORMATION

Certified Workshop Leader(s): _____

E-mail address(es): _____

Dates: _____ through _____ Location: _____
Day One Follow-Up City State

Key Contact Person: _____ Phone: (____) _____

Address: _____
Street City State Zip

PART II: WSL COMMENTS / WORKSHOP ASSESSMENT (continue on back as desired)