AST EDUCATIONAL PROGRAM AGENDA

Program Title: _____ Program Date: _____

State Assembly: _____

Program Location: _____ City: _____ State: ____

Contact Person: _____

PROGRAM LEARNING OBJECTIVES: The learner will:

1._____
_____

2._____
_____

3._____
_____

SPEAKER	TITLE OF PRESENTATION	TIMES	CREDITS/ CATEGOR

Attention State Assembly Contact Person: Keep on file for Annual Report and Audit purposes.