

Chapter: _____

Session Title: _____

Date Conducted: _____

Speaker: _____

Speaker Phone Number: _____

Speaker Email: _____

Type of Speaker:

Business Partners

ALA Member

Strategic Alliance Partner

Other: _____

Session Format (please check one)

Panel

Speaker

Workshop

Other: _____

Area of Knowledge: (Please check one)

Communication & Organizational Management

Legal Industry/Business Management
(includes marketing and planning techniques)

Financial Management

Operations Management (includes technology)

Human Resources Management

Publicized description of session:

Overall Rating: _____ **# of Evaluations Submitted:** _____ **# of Attendees:** _____

Comments regarding session, speaker and nature of partnership with other organization, if applicable:

The Chapter partnered with and/or the presenter was affiliated with one of the ALA Strategic Alliance Partners:

Yes

No

If yes, which organization(s)?

- | | |
|--|--|
| <input type="checkbox"/> American Association of Law Libraries (AALL) | <input type="checkbox"/> International Paralegal Management Association (IPMA) |
| <input type="checkbox"/> Association of Records Managers and Administrators (ARMA International) | <input type="checkbox"/> Legal Marketing Association (LMA) |
| <input type="checkbox"/> Australian Legal Practice Management Association (ALPMA) | <input type="checkbox"/> Managing Partners' Forum (MPF) |
| <input type="checkbox"/> The British Columbia Legal Management Association (BCLMA) | <input type="checkbox"/> The Law Office Management Association (TLOMA) |
| <input type="checkbox"/> ABA Law Practice Management Section | <input type="checkbox"/> State/Local Bar Association |
| <input type="checkbox"/> The Association for Legal Career Professionals (NALP) | <input type="checkbox"/> International Legal Technology Association (ILTA) |
| <input type="checkbox"/> Centro de Estudos de Administração de Escritórios de Advocacia (CEAE) | <input type="checkbox"/> Other: _____ |

Accreditation:

- | | |
|---|-------------------------------|
| <input type="checkbox"/> CLM – Application Credit | <input type="checkbox"/> SHRM |
| <input type="checkbox"/> CLM – Recertification Credit | <input type="checkbox"/> CPE |
| <input type="checkbox"/> CLE | <input type="checkbox"/> HRCI |
| <input type="checkbox"/> Other: _____ | |

Submitted by: _____

Position within the Chapter: _____