

CUPE Local 556

**TRAINING/EDUCATION ACTIVITY REPORT**

Member Name: \_\_\_\_\_

Training or Education Activity: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

1. What was the Objective of the Training or Education Activity?

\_\_\_\_\_  
\_\_\_\_\_

2. Was the Training/Education activity a benefit to you and your fellow union members? How?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Would you recommend this Training/Education Activity to others? Who?

\_\_\_\_\_  
\_\_\_\_\_

4. Other Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(report must be presented in person at the regular membership meeting following course)