

TEXAS WATER UTILITIES ASSOCIATION
Program Report Form

1 T.W.U.A. District/Chapter:

2 Time, Date and Location of Meeting: _____

3. Name of Person Submitting Report: _____

4. Speaker's Name, Position and Affiliated Organization:

5. Topic and Description of Education Program (Describe in Sufficient Detail to Document Program Content): __

6. Length of Education Program in minutes:

7. Topics discussed in peer training:

8. Length of Meeting in hours and minutes:

9. Any problems encountered or lessons learned from this month's meeting:

10. Any other suggestions on improving District meetings, training topics, speakers, etc:_____

Number of Members Present:_____

Number of Guests Present:_____

Total Present:_____

Please mail a program report each month to:
Texas Water Utilities Association
1106 Clayton Lane, Suite 101 East
Austin, Texas 78723-1093
512/459-3124 888/367-8982 FAX: 512/459-7124