LifeWorks Monthly On-Line Seminar

www.lifeworks.com

Your Name: _____ Date: _____ Time: _____ Month: _____

Name of Seminar: _____

Please respond about the online seminar you just completed. Please include a brief summary of what the seminar was about, your feelings and thoughts about the seminar, and what activities and/or visuals were used or which you decided to use and why. Please return this form to HR in order to receive credit for the quarterly seminar portion of the Wellness Agreement. Please use the back side of this document if needed.

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