## **ZOOM EVENT REPORT**

At the end of the activity or series, complete this summary and return to WAPI

Zoom Activity number  Date of Activity  Activity Chair  Activity Co Chair Indicate the number of participants who attended: (if available)  The following is based on participants evaluations, input from faculty, staff and yourself. The intended objectives of the Educational activity were met The desired results or expected outcomes were achieved The topics presented had an impact on the audience.  What were the major strengths and weaknesses of this activity?  Would you make any changes in future Educational activities based on feedback from this activity?  Please use this space to provide a general summary of the activity.	Title of Activity	res, comprete tins summary and r				
Activity Co Chair Indicate the number of participants who attended : Number of HealthCare personnel : (if available)  The following is based on participants evaluations, input from faculty, staff and yourself. The intended objectives of the Educational activity were met The desired results or expected outcomes were achieved The topics presented had an impact on the audience.  What were the major strengths and weaknesses of this activity?  Would you make any changes in future Educational activities based on feedback from this activity?	Zoom Activity number					
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