

Continuing Education Report Form

Name _____

Church _____

Date of Seminar/Class/Event _____ Number of Training Hours _____

Theme of Seminar/Class/Event _____

Presenter Name(s) _____

Date of Seminar/Class/Event _____ Number of Training Hours _____

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Date of Seminar/Class/Event _____ Number of Training Hours _____

Theme of Seminar/Class/Event _____

Presenter Name(s) _____

If you have received a certificate for your attendance at this seminar/class/event or have a brochure for the seminar/class/event etc, please submit a copy along with this form to :

Debra Martin, Northeastern District/C&MA
6275 Pillmore Dr., Rome, NY 13440
or e-mail to: dmartin@nedcma.org