
Region

Date(s) of conference

Name of Conference

CONTINUING EDUCATION UNIT REQUEST FORM

<input type="text"/>	Minister	<input type="text"/>	LUT	<input type="text"/>	Event credit for LUT CANDIDATE
PARTICIPANT NAME: _____					
E-MAIL ADDRESS: _____					
<i>PLEASE PRINT CLEARLY FOR CREDIT</i>					

Initial each workshop that you attended

Name of Workshop _____
Participant Initials

Presented by _____ # of hours _____

Name of Workshop _____
Participant Initials

Presented by _____ # of hours _____

Name of Workshop _____
Participant Initials

Presented by _____ # of hours _____

Name of Workshop _____
Participant Initials

Presented by _____ # of hours _____

This form may be dropped off with the Conference Leadership or

mailed / e-mail to :

Unity Worldwide Ministries
Denise Boehm, Admin. Assistant
PO Box 610, Lee's Summit, MO 64063
Phone: 816.434.6895 Fax: 816. 817.8355
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