
Name of region

Name of conference

date

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	
# of hours	presented by

**initial to indicate attendance*

name of workshop	
# of hours	presented by

**initial to indicate attendance*

name of workshop	
# of hours	presented by

**initial to indicate attendance*

name of workshop	
# of hours	presented by

**initial to indicate attendance*

name of workshop	
# of hours	presented by

**initial to indicate attendance*

This form may be dropped off with and submitted by 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
Email: DBoehm@unity.org

