

Report of Continuing Education Unit (CEU) Credit--2008

Participant's Name _____

Church Affiliation: _____

Title of CEU EVENT: _____

Site of CEU EVENT: _____

Date(s) Attended: _____

Total CEU's earned _____

Approved _____ Date _____

PLEASE ATTACH A COURSE DESCRIPTION AND SUBMIT TO:

Mrs. Brenda Rasmus
8895 N. Military Trail
205C
Palm Beach Gardens, FL 33410

or Fax to: 561-799-0474