



WVU Continuing Education Certificate in Nonprofit Management

Workshop Reporting Form - Professional Grant Development Workshop

Participant Name: _____

Phone: (_____) _____ Email: _____

Name of Session

Date

Hours/Area

I attended the workshop(s) listed above.

Signature of Participant

Date

Signature of Presenter Conference Official

Date

*For more info on this reporting form or the Continuing Education Certificate in
Nonprofit Management
Contact Jacki Englehardt at 304-293-3280 or Jacki.Englehardt@mail.wvu.edu*