



WVU Continuing Education Certificate in Nonprofit
Management

"OMB Training" Reporting Form
August 10 & 11, 2016

Participant Name: _____

Phone: (_____) _____ Email: _____

| <u>Name of Session</u> | <u>Date</u> | <u>Hours</u> | <u>Signature of Presenter or Conference Official</u> |
|------------------------|-------------|--------------|--|
| 1) _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ |
| 3) _____ | _____ | _____ | _____ |
| 4) _____ | _____ | _____ | _____ |
| 5) _____ | _____ | _____ | _____ |
| 6) _____ | _____ | _____ | _____ |
| 7) _____ | _____ | _____ | _____ |
| 8) _____ | _____ | _____ | _____ |

I attended the session(s) listed above.

Signature of Participant

Date