

WVU Continuing Education Certificate in Nonprofit Management Workshop Reporting Form

Getting Your Next 1000 Donors

Participant Name:			<u> </u>
Phone: ()	Email:		
Name of Session	<u>Date</u>	Hours/Area	
I attended the workshop(s) l	isted above.		
Signature of Participant			Date
Signature of Presenter Conference Of	ficial		Date