



WVU Continuing Education Certificate in Nonprofit Management

Workshop Reporting Form

Participant Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

<u>Name of Session</u>	<u>Date</u>	<u>Hours</u>	<u>Signature of Presenter or Conference Official</u>
<b>Strategy Session</b> MarshallCounty FRN	<b>3/19/13</b>	<b>3.5 total</b> <i>(1.5hrs: Human Resources – Management &amp; 2 hrs: Service Provision – Program Development)</i>	_____

I attended the session(s) listed above.

\_\_\_\_\_  
Signature of Participant Date