 WVU Continuing Education Certificate in Nonprofit Management Reporting Form

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

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

List all applicable workshops for the previous 6-month period: \_\_\_\_ Jan-June 20\_\_\_

 \_\_\_\_ July-Dec 20\_\_\_

Name of Workshop Date Hours Area

I attended the workshop(s) listed above.

Signature of Participant Date