

**New York Annual Conference
Of The
United Methodist Church**

Continuing Education Units Reporting Form

Name _____

Current Appointment _____

Address _____

Telephone Number – Church ____ - ____ Home ____ - ____

District _____ E-mail Address _____

Date(s) and Title of Event Attended _____

Purpose of Event _____

Actual Contact Hours (time spent in lectures of learning activity) _____

If you received a C.E.U. Certificate, please attach a copy.

Date(s) and Title of Event Attended _____

Purpose of Event _____

Actual Contact Hours (time spent in lectures of learning activity) _____

If you received a C.E.U. Certificate, please attach a copy.

Please mail or email to: **Rev. Barbara Melzer**
 30 North Loop
 Rhinebeck, NY 12572
 845 876-8509 <mailto:abbessee71@yahoo.com>*

* If using e-mail please place Education Credits in the subject line.