



# APPLICATION FOR CONTINUING EDUCATION UNITS

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number(s) -- Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Name of Conference and Year : **2022 PAM Worship and Music Conference**

Class or Seminar Title	Leader(s)	Time Period Possible	Time Actually attended
Worship	Aisha Brooks-Johnson & Sudie Niesen-Thompson	6 hours	
	(please list leader(s) name) _____	5 hours	
	(please list leader(s) name) _____	5 hours	
	(please list leader(s) name) _____	5 hours	
	(please list leader(s) name) _____	5 hours	

	(please list leader(s) name) _____	5 hours	
	(please list leader(s) name) _____	5 hours	
	(please list leader(s) name) _____	5 hours	
Evening Programs		5 hours	

*The information on this form is an accurate account of the sessions actually attended.*

Signed: \_\_\_\_\_ (applicant)

Attested: \_\_\_\_\_ (Conference Director)

**PLEASE PRINT AND RETURN WITH \$10 CHECK FOR PROCESSING (PAYABLE TO MONTREAT CONFERENCE CENTER) TO: Montreat Conference Center ATTN Sarah Akin 401 Assembly Dr. Montreat, NC 28757**

**Please include a statement on how each of the courses taken will benefit you in your profession.**