

**FIRST UNITED METHODIST CHURCH  
CONTINUING EDUCATION REQUEST**

Date: \_\_\_\_\_

From: \_\_\_\_\_ (Requesting Staff Member)

To: \_\_\_\_\_ (Supervisor)

*Please attach brochure or other documents describing event*

**I request approval to attend the:**

- Short course     Workshop     Seminar  
 Conference     Meeting     Other: \_\_\_\_\_

**Title of Event:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Have you attended this same event prior?**     Yes     No  
If yes, when: \_\_\_\_\_

**Inclusive dates of event** (not including travel): \_\_\_\_\_

**Cut-off date for registration:** \_\_\_\_\_

**Sponsor of event:** \_\_\_\_\_

**Does this qualify for continuing education units or credits:**

- Yes     No    If known, how many: \_\_\_\_\_

**I am a member of the sponsoring agency or organization**     Yes     No

**Is your lodging locating in the same venue as the meeting or conference?**

- Yes     No

