Certificate of Attendance
Spiritual Enrichment/Continuing Education

Name_____**Address**_____
City_____**Zip Code+4**_____
Phone: Day_____**Evening**_____
E-Mail_____**Parish**_____
Current Ministry_____

Event/Topic	**Place/Presenter**	**Date(s)**	**Hours/ CEU's**

Please Return to:

Office of Lay Ministry
715 Nazareth Street
Raleigh NC 27606-2187

Spring 2007