

# REPORT OF COMPLETION REQUIREMENTS

*(Send completed form to your secretary of program resources or equivalent according to your conference's schedules.)*

I have completed the required reading for PLAN \_\_\_\_\_. The books I have read are listed on the reverse side.

LOCAL UNIT

PRINT NAME

DISTRICT

ADDRESS

CONFERENCE

CITY, STATE, ZIP

Current Year \_\_\_\_\_

NAME:

PLAN CHOSEN:

IV

III

II

I

Education for Mission

Leadership Development

Nurturing for Community

Social Action

Spiritual Growth

response

## Reporting Form

Formulario de Información del Programa de Lectura

독서 프로그램독서 프로그램

