

**Continuing Education Funding Request Form**  
Dakotas Conference Board of Ordained Ministry  
2016-2020 Quadrennium



First and last name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_

Conference relationship: \_\_\_\_\_

\_\_\_\_\_

**Name of program or event** \_\_\_\_\_

(Please include copy of descriptive brochure)

Place of program or event \_\_\_\_\_

Date(s) \_\_\_\_\_

**Costs**

Tuition \_\_\_\_\_ Lodging \_\_\_\_\_ Other \_\_\_\_\_  
Meals \_\_\_\_\_ Books \_\_\_\_\_

**Funding**

BOM funds requested \_\_\_\_\_

(Please send receipts to Conference Finance Office after event.)

Personal \_\_\_\_\_ Parish \_\_\_\_\_ Total \_\_\_\_\_  
Contribution \_\_\_\_\_ Contribution \_\_\_\_\_

Number of CEU/CSU's earned from this event \_\_\_\_\_

Send completed form to:  
Lori Broschat  
Continuing Education Coordinator  
1502 5<sup>th</sup> Ave NE  
Devil's Lake, ND 58301  
[lbroschat@gmail.com](mailto:lbroschat@gmail.com)  
701-662-2873