## **REPORT OF COMPLETION REQUIREMENTS**

(Send completed form to your Secretary of Program Resources or equivalent according to your conference's schedules.)

NAME:		PLAN CHOSEN:	1 11 11	I IV I	CURRENT YEAR:
10	Education for Mission				I have completed the required reading for PLAN The books I have read are listed on this form.
IASES	Leadership Development			1	LOCAL UNIT
EMPHAS	Nurturing for Community				DISTRICT  CONFERENCE
MISSION	Social Action				PRINT NAME  ADDRESS
S   W	Spiritual Growth				CITY, STATE, ZIP
					I have also read response regularly.  response Check off the issues you have read!