

**Annual Presbytery Report on Continuing Education for 2018  
Missouri River Valley**

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

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of Congregation, governing body, or employer:**  
\_\_\_\_\_

<u>Name of Event</u>	<u>Date</u>	<u>Content</u>	<u>Institution</u>	<u>Cost</u>
1. _____	_____	_____	_____	_____

**Brief Evaluation of event\***  
\_\_\_\_\_  
\_\_\_\_\_

2. _____	_____	_____	_____	_____
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**Brief Evaluation of event\***  
\_\_\_\_\_  
\_\_\_\_\_

3. _____	_____	_____	_____	_____
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**Brief Evaluation of event\***  
\_\_\_\_\_  
\_\_\_\_\_

**Please Return to:**

**Presbytery of Missouri River Valley  
302 S. 74<sup>th</sup> Street  
Omaha NE 68114-4617**

**Phone: (402) 553-8300 (For any questions you may have)**