



**PROFESSIONAL LEADERS'
AID FOR CONTINUING EDUCATION
Northeastern Pennsylvania Synod
WITHDRAWAL FORM**

NE Pennsylvania Synod
2354 Grove Road
Allentown PA 18109-3044

Date _____

Leader's Name _____

Telephone _____

Address _____

Congregation,
Institution or Agency _____

Synod _____

Address _____

Description of Program (if available, include a copy of the publicity material)

Program Dates _____

Costs Tuition/Fees _____

Sponsor of Program _____

Board/Room _____

Location _____

Travel Exp. _____

Req'd Books _____

Misc. (list) _____

Name of faculty or key resource people

Total ... \$ _____

<p align="center">Amount needed from PLACE \$ _____</p>

What specific personal or professional need do you expect to have met through this educational program or activity (educational objectives)?

(Signed) _____
Professional Leader

(Signed) _____
for Congregation, Institution, or Agency

For Synodical Use On I

Date Received _____

Date Check sent _____

Check Number _____ By _____