



MINISTRY AND MISSION

CME GRANT APPLICATION FORM

Name

CME event
.....

Cost of event

Cost of accommodation

Cost of travel

Total Cost

What is the main purpose of this event for you?
.....
.....
.....

With whom have you discussed this event?
.....

Signed..... Date.....

Please return to Suzanne Evans, Kadugli House, Elmsley Street, Steeton, Keighley BD20 6SE
Telephone 01535 650532 Email: ministry@kadugli.org.uk