



VOCARE

# Called to teach.

## Vocare Event Submission Form

Name  Role

Institution

Contact Email Address

Contact Phone Number

**FOR UNIVERSITY CREDIT** – Email this form and a transcript scan to [VocareSupport@CatholicCincinnati.org](mailto:VocareSupport@CatholicCincinnati.org)

**FOR CONFERENCE/SEMINAR/WORKSHOP CREDIT** – Complete the following:

Name of Conference

City/State  Date(s)

Event being submitted (choose one)  Workshop  In-Service

Title of Workshop

Presenter

Description of event  Please include a description of the workshop and how it will help you as a catechist (minimum 200 words).

Please complete this form, save it to your desk-top, and e-mail it to: [vocaresupport@catholiccincinnati.org](mailto:vocaresupport@catholiccincinnati.org)

FOR OFFICE USE ONLY

Number Credits Assigned

Approval by

Entered CI by

Date Approved

Date Entered