Master Gardener Continuing Education Form for conferences or classes not sponsored by OSU Extension or Master Gardeners

Your Name: _____ Date of program:

Name of sponsoring group: _____ Hours of instruction: _____

Continuing Education Credits (MG Coordinator will determine the number): _____

Describe the program you attended (If possible attach copy of program): _____

What did you learn at the class or conference? _____

Any recommendations for speakers we should invite to our county? _____

If you prefer answering these questions on another sheet of paper and attaching your answers to this form it is acceptable. Remember to include your name when filling out this form.