FORM 21-Regional Coordinator's Monthly Report

As authorized by the Division of Christian Education Accreditation and Credentials of the Sunday School Publishing Board, National Baptist Convention, USA, Inc. **Submit the form to:** Christian Education Division, P. O. Box 70990 Nashville, TN 37207-0990.

Region:	_	Date:/20
Name:		
Address:	City	StateZip Code
Phone #: Daytime ()	Home ()	Fax ()
E-mail		
Have you contacted your State Direct	ctors concerning activities in their state	te that can be submitted to DCEAC for possible
news/information used in the INFO	RMER? Yes No	
How was this information dissemina	ated?	
	PART 1	
•	City State Zip Code Daytime () Home () Fax () contacted your State Directors concerning activities in their state that can be submitted to DCEAC for possible ormation used in the INFORMER? Yes No this information disseminated?	
List special Christian educat		our region:
3. Identify additional training t	hat you would like to have offered in y	your region:
Signed:Regional Coordinator	Date/ Si	igned: Date/