

REGISTRATION FOR PASTORS AND PROFESSIONAL CHURCH WORKERS

Name				
(Last)	(First)	(MI)		
Address				
(Street)	(City)		(State)	(Zip)
Telephone	Email_			
(Home)	(Work)			
Employer		_ Lay	Ord	ained
Denomination(for church	Judicatory	(Confere	nce, Presbyt	ery, Synod, etc)
	_ Spouse/Fiancé(e)/Partner Na			
I was referred to the Cente	er by:			
Myself				
Other: Name	Position			
Address				
(Street)	(City)	((State)	(Zip)

FEES:

A. Unless a referring judicatory is to be responsible for the entire fee, a registration fee is to be submitted with this application. **Program dates are not confirmed until the deposit is received.** To retain appointment date(s), this Registration form and a deposit (\$100.00) must be received no later that 14 days after an appointment has been scheduled.

Please note that the deposit is non-refundable, but can be applied to any program re-scheduled within one year of the initial appointment. Cancellations must be made within 14 business days of scheduled appointment in order to transfer the fee to a new appointment.

B. The balance of the program fee is due and payable at the time of the program, except any portion to be paid by the judicatory (conference, presbytery, synod, yearly meeting, etc.). Only judicatories will be billed. Payment may be made by check, money order or credit card. We accept VISA] and Master Card.

I am responsible for the program fee of <u>\$1,384.35</u> and hereby				
accept that responsibility.				
Signature	_ Date:			