

*2018 Christian Educators' Retreat*  
*February 23 — 24, 2018*  
*Memphis, Tennessee*  
*Registration Form*

*Complete the information below to register for the 2018 Retreat. A separate registration form must be completed for each participant. (Please print legibly)*

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

*Email Address* \_\_\_\_\_

*Phones: Home #* \_\_\_\_\_ *Cell#* \_\_\_\_\_

*Local Church :* \_\_\_\_\_

*Local Church Address:* \_\_\_\_\_

*Episcopal District:* 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_

6th \_\_\_\_\_ 7th \_\_\_\_\_ 8th \_\_\_\_\_ 9th \_\_\_\_\_

*Emergency Contact Name* \_\_\_\_\_ *Phone #* \_\_\_\_\_

*Registration Fee:*

\_\_\_\_\_ \$25.00 (*due by January 15, 2018*)

*Mail registration form along with your check or money order to CME Department of Christian Education, PO Box 16507, Memphis TN 38186-6507. Make check or money order payable to 'CME Department of Christian Education'. You may also email the registration form and/or contact us at [Carmichael.crutchfield@thecmechurchced.org](mailto:Carmichael.crutchfield@thecmechurchced.org).*