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REGISTRATION FOR PASTORS AND PROFESSIONAL CHURCH WORKERS

| (Last) | (First) | | (MI) | |
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| Address | | | | |
| (Street) | (City) | | (State) | (Zip) |
| Telephone | Fm | nail | | |
| (Home) | (Work) Em | | | ······································ |
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| Age Marital Status | Spouse/Fiancé(e)/Partner l | Name | | |
| Standard Career De | velopment Program | Yes | No | |
| Standard Career De Pre-retirement Prog Participation by sp Center. Please che Complete progra | velopment Program ram ouses, fiancé(e)s, and partne ck the option of your choice: m as a joint client (full prograt ion (emphasis is on one career | Yes rs is encour: m for both) | No | our |
| Participation by sp Center. Please che Complete progra Partial Participat Does not plan to | velopment Program ram ouses, fiancé(e)s, and partne ck the option of your choice: m as a joint client (full program ion (emphasis is on one career participate | Yes rs is encour: m for both) | No | our |
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<u>Fees</u>

- 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. In order 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 and at least 7 days in advance of the appointment date. Please note that the deposit is non-refundable, but can be applied to any program rescheduled 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 pavable 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, Master Card and American Express.
- C. If your church will be responsible for all or part of your fee, you may bring a check from the church, payable to **Ministry Development**Services or MDS, to your appointment or you may pay for the church's portion of the fee yourself and be reimbursed by the church. Both your portion of the fee and the church's portion of the fee are due on or before your appointment date.

| I am responsible for the | program fee of \$ | and |
|---------------------------|-------------------|-----|
| hereby accept that respon | nsibility. | |
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| Signature | Date: | |

| Please answer the following questions: What do you find yourself facing at this point in your life and career? | | |
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| would you most like to address in your career program at our Center' | | |
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| nt to gain from a career development program? | | |
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