

Workshop Registration Form

Workshop Date: ___/___/___ Location: _____
Church Name City, State

To Register: *(We encourage you to register five or more days before the workshop)*

- Mail or fax this completed form to Stephen Ministries—see address and fax number below;
- Register online using a credit card at www.stephenministry.org/workshop; or
- Call (314) 428-2600 (Monday through Friday, 8 A.M.–5 P.M. Central Time).

Number Attending:

_____ Indicate the total number of individuals from your congregation who plan to attend.

_____ Indicate how many of those individuals, if any, are pastors.

Workshop Costs:

Per Person Rate: \$15 per person (_____ individuals x \$15 each = \$ _____)

Congregation Rate: \$50 for a group of four or more from your congregation

Payment Options: Payment enclosed (checks payable to **Stephen Ministries**)

We will pay on the day of the workshop

Congregation Information: *(Please print legibly)*

 Congregation/Organization

 Congregation/Organization's Phone #

 Exact Name of Denomination (e.g. Lutheran-ELCA, United Methodist, Southern Baptist, etc.)

 Congregation/Organization Street Address

 City, State, Zip

 Contact Person (Title, First Name, and Last Name)

 Contact Person's Daytime Phone #

 Contact Person's Email Address (Used only for emailing your registration confirmation.)

Name(s) of Individual(s) Planning to Attend:

(Write additional names on back or attach another sheet if needed.)