

6100 Sardis Road \* Charlotte, NC 28270 704-554-9222 (phone) \* 704-307-4607 (fax) mds@presbypsych.org \* www.MinistryDS.org

## REGISTRATION FOR PASTORS AND PROFESSIONAL CHURCH WORKERS

Name	<u> </u>				
	(Last)	(First)		(MI)	
Addre	ess				
	(Street)	(City)	(Star	te) (Zip)	
Telep	hone	Ema	il		
Emplo	oyer		Lay	Ordained	
Deno	mination	Judicatory			
	(for church	Judicatory h professionals)	(Conference, l	Presbytery, Synod, etc)	
Age	Marital Status	Spouse/Fiancé(e)/Partner N	Name		
Туре	of Program Standard Career Dev Pre-retirement Program Participation by spo Center. Please chec	relopment Program am  ouses, fiancé(e)s, and partne ek the option of your choice m as a joint client (full progra ion (emphasis is on one caree	Yes  ers is encourage man for both)	No ged at our	
П.		Pos			
Adare	(Street)	(City)	(State	e) (Zip)	
		Center by a church/denominat			
		rer?YesNo	ion official, 18	a written report	

## **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.** 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 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, 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 responsibility.				
Signature	Date:			
~-g				

Please answer the following questions: What do you find yourself facing at this point in your life and career?				
What issue(s) would you most like to address in your career program at our Center?				
What do you want to gain from a career development program?				
What do you want to gain from a career development program.				