nurturing growth throughout your vocational journey

Ministry Development Services

REGISTRATION FOR INDIVIDUAL CANDIDATE PROGRAM

Name_____
           (Last)   (First)   (MI)

Nickname (if any)_____ Race/Ethnic (optional)_____

Address_____
            (Street)   (City)   (State)   (Zip)

Telephone Numbers_____
                     (Home)   (Work)   (Cell)

Email Address_____ Date of Birth_____

Age____ Marital Status_____ Spouse/Fiancé/Partner Name_____

Denomination_____ Conference_____

Total years of schooling, including the first twelve_____

I was referred to MDS by:

____Myself
____Other: Name_____ Position_____

Address_____
            (Street)   (City)   (State)   (Zip)

Is a written report being requested? _____Yes _____No

Fee Policy: Program fees are due and payable in two parts:

A. This application and the registration fee are to be submitted no later than fourteen (14) days after the appointment date is selected. **Program dates are not confirmed until the deposit is received.** Please note that the deposit is **non-refundable.** The deposit can be applied to any program re-scheduled within one year of the initial appointment **provided the cancellation is made at least fourteen (14) days prior to the appointment date.** (The only exception to the registration fee requirement is if the judicatory will pay your entire fee. See B. below.)

B. **The balance of the program fee is due and payable at the time of the program**, <u>except</u> **any portion that is to be paid by the judicatory** (Conference) **<u>Only judicatories will be billed.</u>**

C. If your church or another individual is contributing any portion of the program fee, please have **checks made payable to: Ministry Development Services (or "MDS")**, or you may pay by MasterCard or Visa. **Payments of any portion of the fee are due on or before the interview appointment**.

D. Even if a judicatory, a church, or another individual will be paying for part or your entire fee, it is your responsibility to assure that all non-billable fees are paid on or before the day of your program. If checks are mailed, please make sure that they arrive in the post office box before the day of your program.

I am responsible for the program fee of $ _____and hereby accept that responsibility.

Signature_____ Date:_____