



Ministry Development Services

REGISTRATION FOR PASTORS AND PROFESSIONAL CHURCH WORKERS

Name _____
(Last) (First) (MI)

Address _____
(Street) (City) (State) (Zip)

Telephone _____ Email _____
(Home) (Work)

Employer _____ Lay _____ Ordained _____

Denomination _____ Judicatory _____
(for church professionals) (Conference, Presbytery, Synod, etc)

Age ____ Marital Status _____ Spouse/Fiancé(e)/Partner Name _____

I was referred to the Center by:

____ Myself

____ Other: Name _____ Position _____

Address _____
(Street) (City) (State) (Zip)

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.** To retain appointment date(s), this Registration form and a deposit (\$100.00) must be received no later than 14 days after an appointment has been scheduled.

Please note that the deposit is **non-refundable, but can be applied to any program re-scheduled 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] and Master Card.

I am responsible for the program fee of _____, and hereby accept that responsibility.

Signature _____ **Date:** _____