

LEADERSHIP IN MINISTRY SEMINAR

February 9-11, 2015

REGISTRATION FORM

(please fax to 204.487.3858 or mail to the address below)

Name: _____

Address: _____

Telephone: _____ email: _____

Congregation: _____

Dietary Restrictions: _____

FEES

Seminar registration (\$125 by January 30): _____

Seminar registration (\$140 after January 30): _____

Lodging, double room (\$65 per person): _____

Lodging, single room (\$85 per person): _____

TOTAL: _____

PAYMENT OPTIONS

_____ Enclosed is a check payable to Canadian Mennonite University

_____ Please charge my credit card _____ Visa _____ Master Card

Name on Card: _____ Card Number: _____

Expiry date: ____ / ____ Signature: _____

(if you prefer, you can call in your credit card payment to the Finance Department at 1.204.487.3300/1.877.231.4570)

For office use only:

Date received: _____

Payment received: _____

Payment credited: _____

Response sent: _____