

“Excel!” - The ND District Leadership Skills Training Conference
“Renewing Hope for Today’s Church”

Registration Form

Name of participant _____ Male _____ Female _____

Home address _____ Birth date (mo/day) _____

City, State, Zip _____ E-mail _____

Home phone _____ Cell Phone _____ Title/Role _____

Mailing Address _____

City, State, Zip _____

Church/Organization phone _____ Fax _____ E-mail _____

Any invoices should be sent to: _____ me _____ my church/organization

Training Dates

Please Check Dates Attending

Part Two: _____ January 6-9, 2011 -or-
_____ February 24-27, 2011

Part One: _____ October 27-30, 2010 -or-
_____ November 11-14, 2010

Part Three: _____ March 24-27, 2011

COURSE FEES:

Due to generous grants, your course fees have been deeply discounted. Course fees cover all materials and lodging/meals at Shepherd’s Hill at the Crossroads.

THE “Excel!” CONFERENCE FEES:

\$1195* x _____ persons - \$_____

Total: \$_____

Total with Discount applied: \$_____

Preferred Payment Option:

_____ 3 Installments of \$400. Due one week prior to each course segment.

_____ 1 Payment of \$1195.

*There are significant discounts that may apply. Please contact Denise at the North Dakota District Office (701) 751-3424 to inquire.

Please note: A \$50 cancelation fee applies

Information about you:

Do you have any special dietary needs? _____

How would you like your name printed on your name tag? _____

How would you like your name printed on your certificate? _____

Do you have any health conditions that we should be aware of during the course of the training?

Release Waiver

I understand that my picture and/or video clip may be taken in conjunction with the training event, for the sole purpose of creating promotional materials. I understand that with my permission those pictures and/or video clips can be used in that manner.

___ I give my permission for my picture and/or video clip to be used for promotional purposes.

___ I do not give my permission for my picture and/or video clip to be used for promotional purposes.

I understand that at the end of the training I will be asked to fill out a course evaluation which may also be used for creating promotional materials. I understand that with my permission my comments can be used in that manner.

___ I give my permission for my comments to be used for promotional purposes.

___ I do not give my permission for my comments to be used for promotional purposes.

Signature _____ Date _____

Please complete this form in full, include your check, and return to:

Excel! Conference Registration
Shepherd's Hill at the Crossroads
HCR 2, Box 36A
St. John, ND 58369

Shepherd's Hill at the Crossroads is the Registering Agent:

Make checks payable to: Shepherd's Hill at the Crossroads

This is a special opportunity. The conference size is limited. Register today!