

Adventist Association

Equipping Churches for Effective Health Ministry

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Registration for CHIP Leadership Training Workshop

Minneapolis, MN – March 16-18, 2012

Church: _____ Conference _____

City/State: _____ Phone: _____

Pastor: _____ Phone: _____

Names of Persons Attending Workshop: (#1 is the principal contact person who must have an email address!)

1. _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

Email Contact Address: _____

2. _____ Phone: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

3. _____ Phone: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

Workshop Registration Fee / Church Team: Fee includes up to 3 persons attending from one church.

- Early Bird Rate by **March 1, 2012** — \$250/church (\$50/each additional person)
- Regular Rate after **March 1, 2012** — \$300/church (\$50/each additional person)

Lodging: Please go to www.adventistchip.org/workshops.html and click on LODGING for the Minnesota workshop.

Meals: Pre-paid meal tickets are required for the catered meals. The cost is \$9 for a dinner-style lunch and \$8 for supper, tax included. Breakfasts are on your own. On the lines below indicate the total number of meal tickets for your group and include payment with the registration fee. Tickets are non-refundable after workshop begins.

Friday: \$9/lunch and \$8/supper Lunch _____ Supper _____	Sabbath: \$9/lunch and \$8/supper Lunch _____ Supper _____	Sunday: \$9/lunch Lunch _____
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Please mail this form with check or credit card information to the address below. For questions about the form/process or for a form you can send by email, call 423-546-4719 or e-mail westpeggy@comcast.net.

Today's Date _____

Payment for: Registration fee of \$ _____ + meals \$ _____ = **Total \$** _____

Check payable to: **Adventist CHIP Association** – Early Bird fee must be postmarked by **March 1, 2012**

Credit Card for \$ _____ VISA Master Card Discover

If submitting application by email: DO NOT INCLUDE YOUR CREDIT CARD NUMBER AS IT WILL NOT BE SECURE. CALL 423-546-4719 OR FAX IT TO 423-546-4139

Credit Card #: _____ Card Expires: Month _____ Year _____ Security code: _____

Name as it appears on Card: _____ Signature: _____

By submitting this application by e-mail, you agree to have the amount listed charged to your credit card. Yes

Adventist CHIP Association – 247 Peach Orchard Road – Greeneville, TN 37745
 Phone 1-423-546-4719 EDT or Email: westpeggy@comcast.net

Complete Health Improvement Program (CHIP)