

Adventist Association

Equipping Churches for Effective Health Ministry

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Registration for CHIP Leadership Training Workshop Carolina Conference at Concord, North Carolina Friday, Sabbath & Sunday, April 9-11, 2010

Church: _____ Conference _____
 City/State: _____ Phone: _____
 Pastor: _____ Phone: _____

Names of Persons Attending Workshop: (#1 is principal contact person)

1. _____ Phone: _____
 Mailing Address: _____ City: _____ State: _____ Zip code: _____
 Email Contact Address: _____
 2. _____ Phone: _____
 3. _____ Phone: _____

Note: If you wish to bring more than three team members, the cost is \$50/person on a space available basis.

Workshop Registration Fee/Church Team: (up to 3 persons attending per church)

- **Early Bird Rate by Thursday, April 1, 2010: \$250/church team**
- **Regular Rate after April 1, 2010: \$300/church team**

Accommodations: See the list of area motels at our website: www.sdachip.org/workshops.html

Meals: Prepaid tickets required. \$8.00/meal/person. Please indicate the number of tickets requested for each meal and submit meal payment with registration fee. Number of tickets requested for your party:

Friday supper _____ Sabbath breakfast _____ Sabbath dinner _____
 Sabbath supper _____ Sunday breakfast _____ Sunday lunch _____

For Additional Information: Call 866-732-2447) or email: info@adventistCHIP.org

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Please mail this form with your registration payment to the address below. Today's Date _____

Check # _____ for \$ _____ (Payable to: Adventist CHIP Association; must include meal cost.)

Please do not send credit card information by email as the internet is not secure.

Credit Card for \$ _____ VISA Master Card
 _____ - _____ - _____ Card Expires: Month _____ Year _____

Name on Card: _____ Signature: _____

Adventist CHIP Association
 247 Peach Orchard Road, Greeneville, TN 37745
 Phone: 866-732-2447