

# Adventist Association

*Equipping Churches for Effective Health Ministry*

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## Registration for CHIP Leadership Training Workshop Columbia Union – at Blue Mountain Academy, Hamburg, PA Friday, Sabbath & Sunday, March 26-28, 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, March 18, 2010: \$250/church team
- Regular Rate after March 18, 2010: \$300/church team

**Housing: Limited academy dorm rooms (provide own linens) \$10/pp/night based on double occupancy. Must be reserved by calling 239-267-1961. (Pay on site.) For local motel options see [www.sdachip.org/workshops.htm](http://www.sdachip.org/workshops.htm).**

**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 239-267-1961 (Ft. Myers, Florida) or email: [kathypflugrad@yahoo.com](mailto:kathypflugrad@yahoo.com)**

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**Please mail this form with your registration payment to the temporary 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: \_\_\_\_\_

ACA c/o Kathy Pflugrad  
 16401 Kelly Woods Drive #140, Fort Myers, FL 33908  
 Phone: 239-267-1961

**(Note: This contact info is to be used for Columbia Union Leadership Training Registration ONLY.)**