

Adventist Association

Equipping Churches for Effective Health Ministry

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Registration for CHIP Leadership Training Workshop Keene, Texas – May 20-23, 2010

Church: _____ Conference _____

City/State: _____ Phone: _____

Pastor: _____ Phone: _____

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

1. _____ Phone: _____

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

Email Contact Address: _____

2 _____ Phone: _____ Email: _____

3. _____ Phone: _____ Email: _____

Because of possible space constraints, each church is limited to sending a maximum of three persons until after May 5 when additional names may be added @ \$50/person *on a space available basis*, but please call first.

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

- Early Bird Rate by May 5, 2010—\$250/church
- Regular Rate after May 5, 2010—\$300/church

Housing: For dormitory reservations contact Janelle Williams, Dean of Women, at 817-202-6510 or at janellew@swau.edu. For a list of nearby hotels and motels see our website (www.adventistchip.org) under “Leadership Training.”

Prepaid meals at Southwestern Adventist University Cafeteria: The total number of meal tickets needed for each meal by our church team is noted below and the payment is included along with the registration fee in the enclosed check or credit card payment.

____ Thu Supper (\$9) ____ Fri Breakfast (\$7) ____ Fri Lunch (\$10) ____ Fri Supper (\$9) ____ Sab Breakfast (\$7)
____ Sab Lunch (\$10) ____ Sab Supper (\$9) ____ Sun Breakfast (\$7) (walk-ins based on availability – add \$2/meal)

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 May 5, 2008

Credit Card for \$ _____ VISA Master Card

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 _____

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
Call toll free 1-866-732-2447 or [Email: info@adventistchip.org](mailto:info@adventistchip.org)

Coronary Health Improvement Project (CHIP)