

Adventist Association

Equipping Churches for Effective Health Ministry

Registration for CHIP Leadership Training Workshop Kelowna, British Columbia – September 4-7, 2008

Church: _____ Conference _____

City/Province/State: _____ Phone: _____

Pastor: _____ Phone: _____

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

1. _____ Phone: _____

Mailing Address: _____ City: _____ Prov: _____

Postal 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 August 21 when additional names may be added at CDN/US\$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 August 21— CDN/US\$250/church

Regular Rate after August 21—CDN/US\$300/church

Housing: Participants need to arrange for their own lodging. At www.sdachip.org/workshops.html you will find a link for “Nearby Hotels & Motels” as well as instructions for exploring the possibility of accommodations in church member homes.

Meals Arrangements: All breakfasts are on your own. If you would like to make reservations for any lunch or evening meals, call Art Spenst at 250-764-9498.

Please mail this form with cheque or credit card information to the address below. If you have questions about the form or process, or would like a form you can send by email, call 423-638-7804 or e-mail westpeggy@comcast.net.

Today's Date _____

Payment for: Registration fee of \$ _____ Cheque payable to: **Adventist CHIP Association** – Early Bird fee must be postmarked by **August 21**, 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 423-638-7804 OR FAX IT TO 423-638-3192

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

Coronary Health Improvement Project (CHIP)