

Adventist Association

Equipping Churches for Effective Health Ministry

Registration for CHIP Leadership Training Workshop Oshawa, Ontario – July 10-13, 2008

Church: _____ Conference _____

City/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 June 20 when additional names may be added at CDN/US\$50/person *on a space available basis* but call first.

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

***Early Bird Rate by June 20— CDN/US\$250/church ***Regular Rate after June 20—CDN/US\$300/church

Housing: For a list of area motels & hotels, go to: www.adventistchip.org Leadership Training & Oshawa Workshop

Prepaid meals: The number of meal tickets needed for each meal by our church team is noted below and the payment is included in the enclosed cheque or credit card payment.

___ Thu Supper \$8 ___ Fri Breakfast \$8 ___ Fri Lunch \$8 ___ Fri Supper \$8 ___ Sab Breakfast \$8
___ Sab Lunch \$8 ___ Sab Supper \$8 ___ Sun Breakfast \$8 ___ Sun Lunch \$8

Please mail this form with cheque or credit card information to the address below. For questions about the form/process, or for a form you can email, call 423-638-7804 or e-mail westpeggy@comcast.net

Today's Date _____

Payment for: Registration fee of \$ _____ + meals \$ _____ (# of meals x \$8) = Total \$ _____

Cheque payable to: **Adventist CHIP Association** – Early Bird fee must be postmarked by June 20, 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, Tennessee 37745**

Coronary Health Improvement Project (CHIP)

For Additional Information: Call toll free 1-866-732-2447 or Email: info@adventistchip.org