

Adventist Association

Equipping Churches for Effective Health Ministry

+++

Registration for CHIP Leadership Training Workshop Sunset Lake Camp, Washington – October 7-10, 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 September 27 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. Each person receives a Workshop Workbook and each Church receives additional materials listed in the Workshop Description.)

- Early Bird Rate by September 27, 2010— \$250/church
- Regular Rate after September 27, 2010—\$300/church

Housing: To reserve lodging at Sunset Lake Camp, contact Peggy West by phone at 423-546-4719 (Eastern) or by email at westpeggy@comcast.net. Fees vary for tents, RV's, and cabins. For a motel options see our website (www.adventistchip.org) under "Leadership Training."

Prepaid meals at Sunset Lake Camp: Meals are \$8.00 each. The number of meal tickets needed by our team is noted here beside each meal and payment is included along with the registration fee in the enclosed check or credit card payment below.

Thu Supper Fri Breakfast Fri Lunch Fri Supper Sab Breakfast
 Sab Lunch Sab Supper Sun Breakfast Sun Lunch

Please mail this form with check or credit card information to the address below. For questions about the registration 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 @ \$8.00 = \$_____ + Lodging \$_____ = Total \$_____

Check payable to: Adventist CHIP Association – Early Bird fee must be postmarked by *September 27, 2010*.

Credit Card for \$_____ VISA Master Card Discover

If submitting application by email: DO NOT INCLUDE YOUR CREDIT CARD NUMBER AS IT WILL NOT BE SECURE. CALL 423-546-4719 WITH NUMBER, 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

Cancellation Policy: \$25 non-refundable fee if cancelled by *September 27, 2010*. **Substitutions only after September 27, 2010.**

Adventist CHIP Association – 247 Peach Orchard Road – Greeneville, TN 37745
Call 1-423-546-4719 or Email: westpeggy@comcast.net

Coronary Health Improvement Project (CHIP)