

Registration Form

Please make photocopies of this registration form as needed.

Healthy Congregations Workshop

(Held at: Ankeny Presbyterian Church)

Friday, Oct. 26 (6:30–9:30pm) and Saturday Oct. 27 (8:30 am–4:00pm)

Send registration form and check payable to:

Lola Peters/Healthy Congregations, 918 NW Irvinedale Dr, Ankeny, IA. 50023

If you do not receive confirmation of your registration within 2 weeks contact Lola Peters at RLP405@msn.com

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Congregation/Organization _____ Work/Cell Phone _____

E-mail _____

Enclosed is: _____ **\$89 Check is enclosed**

_____ **\$79 per person for 4-6 persons registering together/paid by one check**

\$79 x _____ (number of persons) = \$ _____ total

attach list of name, address, phone number, and e-mail for each registrant

_____ **\$69 per person for 7 or more persons registering together/paid by one check**

\$69 x _____ (number of persons) = \$ _____ total

attach list of name, address, phone number, and e-mail for each registrant

_____ **\$109 for registration after Oct. 11**

For questions or additional information contact Lola Peters at : 515-249-9182, Fax 515-963-1327, e-mail: RLP405@msn.com