

Thank you for choosing to be a part of
Clergy Case Teleconferencing
REGISTRATION FORM

Please register by printing this form, filling it out and faxing it to
(302) 269-3020.

Name _____ Email _____
Address _____

Telephone (H) _____ (W) _____
Fax _____ Church _____
First Choice: Day/Time _____ Second Choice _____

Group Options for 2005 (check preference):

- CCT#8 Wednesdays, 1:00 pm EDT**

(Each group meets 12 1-hour sessions (3-month semesters) with Greg Brown as facilitator. Semesters run from:

- January thru March
- April thru June
- Mid-September thru mid-December

Costs

One Semester = \$250

Payment is due in advance by credit card or echeck

MC/VISA/DIS/AX Card Number _____ Exp. _____

Name as on Card _____

Your Signature _____ Date _____

(Within 48 hours you will receive via email or fax the class materials & telephone bridge # with instructions)