



MALT TRANSITIONAL MINISTRY EDUCATION
May 6-10, 2013
 (Mercy Center – 2039 N Geyer Rd., St. Louis, MO 63131)
REGISTRATION FORM



Please register me for: _____ Residency Week I _____ Residency Week II
 Please indicate: _____ Male _____ Female
 Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Daytime Phone () _____ Evening Phone () _____
 Mobile Phone () _____ E-Mail Address _____
 Church or Employer _____
 Position Held _____
 Presbytery Membership _____
 If registering for Week II, when and where did you complete Week I? _____
 _____ (Attach copy of your statement of completion.)

Special Needs: _____
 Dietary Restrictions: _____

Housing Information: (Check all that apply.) Fees include: Housing, meals and all other event costs.

_____	Double Occupancy	\$700
_____	Single Occupancy	\$800
_____	Commuter (8 meals)	\$400
_____	Additional Night (includes breakfast)	\$100
	TOTAL	_____

In case of emergency please contact _____ Phone () _____

Talents/Skills I am willing to share to enhance the group worship experience (piano, etc):

In order for your registration to be considered complete, one of the following statements must be signed by the Executive/General Presbyter or Committee on Ministry of your Presbytery of Membership:

___ The Committee on Ministry of _____ Presbytery verifies that **a)** this registrant is a member in good standing of this presbytery, and **b)** recommends this person for transitional ministry education.

Signature/Title _____ Date _____
 (of Committee on Ministry action)

Please enclose this form with the registration deposit of \$100.00.
 Checks should be made payable to the **Synod of Lincoln Trails** and mailed to:
 Kristi Miller, Synod of Lincoln Trails
 1100 W. 42nd Street, Suite 210, Indianapolis, IN 46208
 800-566-5996 Fax: 317-927-5985

REGISTRATION DEADLINE: April 9, 2013