



FAITH PARTNERS LEADERSHIP TRAINING

(Northeastern Jurisdiction)

Thursday, September 17, 2009, 9:00 am – 4:00 pm

(8:30 am registration & breakfast)

Yes! Please register my congregation to become a Faith Partner Team, beginning with the one-day Leadership Training, which will be held at:

First United Methodist Church

57 Peters Street, N. Andover, MA 01845 www.northandoverumc.org

REGISTRATION DEADLINE: August 24, 2009

[Registration after August 24th will be \$225.00]

(each participant must complete the attached form)

I am: United Methodist

I am: Clergy Lay Leadership Religious Staff Other

Participant Name/Team Contact: _____

District Superintendent: _____ Annual Conference: _____

Congregation: _____

Congregation Address: _____

City: _____ State: _____ Zip: _____

Congregation Phone: _____ Fax: _____

Web Address: _____

Participant Address: _____

City: _____ State: _____ Zip: _____

Participant Phone: _____ Email: _____

I need housing (must live beyond 90-mile radius): Yes No

Arrival Date: _____ Departure Date: _____

*Shared housing provided. My roommate preference (please list name):

Fee Calculation for Steps 1 and 2:

United Methodist Congregations:

- Registration to become a Faith Partner Team (per congregation): **\$ 180.00**
- Meal Surcharge: **\$15** per person + \$ _____

Total Enclosed: \$ _____

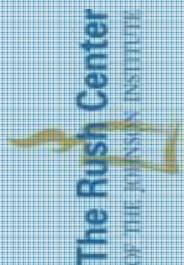
Method of Payment: Check or money order payable to Global Ministries (please write SPSARV in memo)

Credit Card Number: _____ Expiration Date: _____

Signature: _____

Return registration form to: **SPSARV/Global Ministries, 1914 J N Pease Place, Charlotte, NC 28262; Fax: (704) 919-3551.** For more information on SPSARV, contact (866) 944-3330 (toll free), www.umspсарv.org.

Faith Partners Alcohol and Drug Leadership Training
REGISTRATION FORM



FAITH PARTNERS TEAM MEMBER REGISTRATION

Congregation: _____

Congregation Address: _____

City _____ State _____ Zip Code: _____

Congregation Phone/E-mail: _____

I am: Clergy Laity Professional (i.e. Parish Nurse, Counselor) _____

Name: _____

Home Address : _____

Home City: _____ State: _____ Zip: _____

Home Phone: _____ Day Phone: _____

Email: _____

Need Housing? Yes No Arrival/Departure Dates: _____

Roommate Preference: _____

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I am:  Clergy  Laity  Professional (i.e. Parish Nurse, Counselor) \_\_\_\_\_

Name: \_\_\_\_\_

Home Address : \_\_\_\_\_

Home City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Need Housing?  Yes  No Arrival/Departure Dates: \_\_\_\_\_

Roommate Preference: \_\_\_\_\_

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I am: Clergy Laity Professional (i.e. Parish Nurse, Counselor) _____

Name: _____

Home Address : _____

Home City: _____ State: _____ Zip: _____

Home Phone: _____ Day Phone: _____

Email: _____

Need Housing? Yes No Arrival/Departure Dates: _____

Roommate Preference: _____