



FAITH PARTNERS LEADERSHIP TRAINING

Wednesday, October 28, 2009, 8:30 am – 4:00 pm
(8:30 am registration & Continental breakfast)

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

San Ramon Valley United Methodist Church

Wesley Center Bldg.

902 Danville Blvd., Alamo, CA 94507

REGISTRATION DEADLINE: October 16, 2009

(Registration after October 16, 2009 will be \$350.00 for UM participants & \$650.00 for other)

(Each participant must complete the attached form)

I am: United Methodist Other _____

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: _____

(Optional) Subsidized lodging is available. Please call for more information (866) 944-3330

Arrival Date: _____ Departure Date: _____

My roommate preference (Please list name): _____

Fee: Includes Leadership Day & 2 day Team Training (Date & Location TBA)

United Methodist Congregations:

- Registration to become a Faith Partner Team (per congregation) : **\$ 300.00**
- Meal Surcharge: **\$15** per person (for Leadership Day) **\$**
- Lodging (optional) **+\$ _____**

Total Enclosed: \$

Other::

- Registration to become a Faith Partner Team (per congregation): **\$ 600.00**
- Meal Surcharge: **\$15** per person (for Leadership Day) **\$**
- Lodging (optional) **+\$ _____**

Total Enclosed: \$

Method of Payment: Check Money Order

Please make payable to Global Ministries (write SPSARV in the memo)

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 Rev. Cynthia Sloan at: (704) 919-3553 or (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: _____