

Group Registration Form

PASTORS' FORUM: OCTOBER 26, 2010
DECISION MAKING: THE WAY TO WISDOM WITH GARRY FRIESEN

In order to qualify for a group, a group leader must be selected and all registrations must be turned in together. You only need 4 or more people to qualify for the group rate.

Group Leader Personal Information

Group Member #1

Name _____
Rev. Dr. Mr. Mrs. Ms. Miss.

Address _____

City _____ State _____ Zip _____

Church Name _____

Address _____

City _____ State _____ Zip _____

Phone Church Home _____

Email _____

Group Member #2

Name _____
Rev. Dr. Mr. Mrs. Ms. Miss.

Address _____

City _____ State _____ Zip _____

Church Name _____

Address _____

City _____ State _____ Zip _____

Phone Church Home _____

Email _____

Group Member #3

Name _____
Rev. Dr. Mr. Mrs. Ms. Miss.

Address _____

City _____ State _____ Zip _____

Church Name _____

Address _____

City _____ State _____ Zip _____

Phone Church Home _____

Email _____

Group Member #4

Name _____
Rev. Dr. Mr. Mrs. Ms. Miss.

Address _____

City _____ State _____ Zip _____

Church Name _____

Address _____

City _____ State _____ Zip _____

Phone Church Home _____

Email _____

Group Member #5

Name _____
Rev. Dr. Mr. Mrs. Ms. Miss.

Address _____

City _____ State _____ Zip _____

Church Name _____

Address _____

City _____ State _____ Zip _____

Phone Church Home _____

Email _____

Group Member #6

Name _____
Rev. Dr. Mr. Mrs. Ms. Miss.

Address _____

City _____ State _____ Zip _____

Church Name _____

Address _____

City _____ State _____ Zip _____

Phone Church Home _____

Email _____

Group Member #7

Name _____
Rev. Dr. Mr. Mrs. Ms. Miss.

Address _____

City _____ State _____ Zip _____

Church Name _____

Address _____

City _____ State _____ Zip _____

Phone Church Home _____

Email _____

Group Member #8

Name _____
Rev. Dr. Mr. Mrs. Ms. Miss.

Address _____

City _____ State _____ Zip _____

Church Name _____

Address _____

City _____ State _____ Zip _____

Phone Church Home _____

Email _____

Group Member #9

Name _____
Rev. Dr. Mr. Mrs. Ms. Miss.

Address _____

City _____ State _____ Zip _____

Church Name _____

Address _____

City _____ State _____ Zip _____

Phone Church Home _____

Email _____

Group Member #10

Name _____
Rev. Dr. Mr. Mrs. Ms. Miss.

Address _____

City _____ State _____ Zip _____

Church Name _____

Address _____

City _____ State _____ Zip _____

Phone Church Home _____

Email _____

TOTAL GROUP REGISTRATIONS AND PAYMENT INFORMATION

	Number registered		Total
Group Registration Rate	_____	x \$35 =	_____

TOTAL CONFERENCE COST _____

PAYMENT INFORMATION

Check (payable to GCTS)

Credit Card (Visa, MC, Disc, AmEx) CC# _____ Exp: _____

GROUP REGISTRATION METHODS:

1. Phone 1.800.294.2774
2. Fax 978.646.4565
3. Mail to: The Ockenga Institute, Gordon-Conwell Theological Seminary, 130 Essex Street, South Hamilton, MA 01982