

Application for 2018-2019 Interim Ministry Training Institute

Name: _____

Address: _____

Email address: _____ Telephone: _____

Denominational Affiliation: _____

Current ministry situation: _____

A brief description of your ministry experience: _____

Has your participation in IMTI been approved and/or discussed by an authorized group in your congregation? by an executive or authorized body of your denomination?

How do you hope to utilize this training?

Do you have any food restrictions? ____ No ____ Yes (please describe)

I wish to submit the \$975 tuition for the 8-month program (choose one):

_____ In full _____ Installments (\$475 due September 15, 2018; \$500 due January 30, 2019)

**Send registration and check payable to:
Streams of Wisdom LLC, 110 1/2 7th Ave, Baraboo, WI. 53913-2126**

**Registration deadline: September 16, 2018
Questions: email mgilbert.iim@gmail.com or phone 608-514-3290**