

Application for 2016-2017 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 \$950 tuition for the 8-month program (choose one):

_____ In full _____ Installments (\$475 due September 16, 2016; \$475 due January 30, 2017)

Send registration and check payable to:
Sand Bur Consulting, LLC, W5976 Howe Lane, New Lisbon, WI 53950

Registration deadline: September 16, 2016
Questions: email Linda@sandburconsulting.com or phone 608-847-5597