## Application for 2019-2020 Interim Ministry Training Institute

Name:	
Address:	
Email address: Telephon	e:
Denominational Affiliation:	
Current ministry situation:	
A brief description of your ministry experience:	
Has your participation in IMTI been approved and/or discuss your congregation? by an executive or authorized body of y	
How do you hope to utilize this training?	
Do you have any food restrictions? No Yes (ple	ease describe)
I wish to submit the \$975 tuition for the 8-month program (	choose one):
In full Installments (\$475 due Septemb January 30, 2020)	er 15, 2019; \$500 due
Send registration and check paya Streams of Wisdom LLC, 110-1/2 7th Ave, Baral	
Registration deadline: September	16, 2019

Questions: email mgilbert.iim@gmail.com or phone 608-514-3290