

GRACE PLACE WELLNESS RETREAT REGISTRATION FORM

Congregation Name: _____ Congregation City: _____

Please list all those attending:

_____	_____	_____	_____
(Title)	(First Name)	(Last Name)	(Position)
_____	_____	_____	_____
(Title)	(First Name)	(Last Name)	(Position)
_____	_____	_____	_____
(Title)	(First Name)	(Last Name)	(Position)
_____	_____	_____	_____
(Title)	(First Name)	(Last Name)	(Position)
_____	_____	_____	_____
(Title)	(First Name)	(Last Name)	(Position)

1 Attendee at \$20 \$ _____

_____ Attendees at \$15/each \$ _____

Total Cost \$ _____

_____ Check Enclosed _____ Credit Card Payment (complete information below)

Complete below to make your payment using your credit or debit card.

Card type: ☐ Visa ☐ Discover ☐ Master Card Today's date: _____

Amount: \$ _____

Congregation Name, City _____

Name on Card (print) _____

Card Number _____ Expiration Month/Year _____

Cardholder's Signature _____

Address: _____

City/State/Zip: _____

Phone to use if we have questions about this form _____

Complete registration form and submit payment due by September 11, 2017. Payment by check or credit card (form only, no online payment available) payable to **Northern Illinois District, 2301 S. Wolf Road, Hillside, IL 60162. Note "Parish Professional Event".**

Any questions may be directed to Dr. Debbie Arfsten at debra.arfsten@cuchicago.edu.