

Grace Place Wellness Retreat September 21, 2017

A life in ministry can be filled with tremendous joy. It can also be demanding and stressful. A church worker's self-care begins with the sensitivity to recognize the brokenness we all experience in life with God, life in community with others and life in ministry service and then to seek the Lord's restorative grace. This workshop will equip participants with simple tools for self-assessment of wellness and suggest strategies for receiving God's healing touch of renewal.

Who is invited?

Commissioned
Ordained
Church office workers
Highly engaged volunteers

When?

Thursday, September 21, 2017
8:30 a.m. to 3 p.m.
Includes Lunch

Where?

Trinity Lutheran Church
11500 German Church Road
Burr Ridge, Illinois 60527

Registration

Cost is \$20 for first registration. \$15 for each additional registration from the same location. 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, note "Parish Professional Event".



Presenter:
Rev. Dr.
Darrell
Zimmerman

Rev. Dr. Darrell Zimmerman spent 30 years as a parish pastor in the LCMS, sometimes just surviving, but often thriving in ministry.

Darrell has been serving as Program Director and leading Grace Place Wellness retreats since 2012. He and his wife Carol have three children and three grandchildren and live in St. Louis near all of his family. He enjoys golf, travel, woodworking, fitness walking, jazz, blues and golf. (He really likes golf!)

"Grace Place Wellness nurtures vitality and joy in ministry by inspiring and equipping church workers to lead healthy lives."

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

Grace Place Wellness Event sponsored by Concordia University Chicago
Director of Christian Education Program, the LCMS Northern Illinois District Office
and the NID Parish Professional Network



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.