MALT INTERIM/TRANSITIONAL MINISTRY EDUCATION
November 1-5, 2010
(Mercy Center – 2039 N Geyer Rd., St. Louis, MO 63131)
REGISTRATION FORM

Please register me for: _____ Residency Week I _____Residency Week II
Please indicate: _____Male _____Female
Name _____
Address _____
City _____State_____ Zip Code_____
Daytime Phone ( )_____Evening Phone ( ) _____
Mobile Phone ( )_____ E-Mail Address _____
Church or Employer _____
Position Held _____
Presbytery Membership _____
If registering for Week II, when and where did you complete Week I? _____
_____ (Attach copy of your statement of completion.)
Special Needs: Housing _____
Meals _____
In case of emergency please contact _____ Phone ( )_____

Talents/Skills I am willing to share to enhance the group worship experience (piano, etc)
_____

In order for your registration to be considered complete, one of the following statements must be signed by the Executive/General Presbyter or Committee on Ministry of your Presbytery of Membership:

__ The Committee on Ministry of _____Presbytery verifies that **a**) this registrant is a member in good standing of this presbytery, and **b**) have validated this person as appropriate for interim/transitional ministry training and service.

__ The Committee on Ministry of _____Presbytery recommends interim/transitional ministry training as continuing education.

Signature/Title _____Date _____
(of Committee on Ministry action)

Please enclose this form with the registration deposit of $100.00.
Checks should be made payable to the **Synod of Mid-America** and mailed to:
Interim Education Registrar, Synod of Mid-America
7301 Mission Rd., Suite 107, Prairie Village, KS 66208
800-754-0671 Fax:913-384-0612

REGISTRATION DEADLINE: OCTOBER 4, 2010