

**INTERIM EXECUTIVE TRAINING  
REGISTRATION FORM**

Please Indicate:     \_\_\_\_\_ Male    \_\_\_\_\_ Female

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Governing Body/Church/Employer \_\_\_\_\_

Position Held \_\_\_\_\_

Presbytery Membership \_\_\_\_\_

I have \_\_\_\_\_ or will have \_\_\_\_\_ completed \_\_\_\_\_ 30 hours \_\_\_\_\_ 60 hours of Basic Interim Training

When \_\_\_\_\_ Where \_\_\_\_\_

Special Needs: Housing \_\_\_\_\_ Meals \_\_\_\_\_

In case of emergency please contact \_\_\_\_\_ Phone: \_\_\_\_\_

*In order for your registration to be considered complete all applicable required signatures must be provided.*

The Committee on Ministry of \_\_\_\_\_ Presbytery took action to recommend this registrant for Interim Executive Training on \_\_\_\_\_  
(Date)

Signature/Committee on Ministry Moderator \_\_\_\_\_ Date \_\_\_\_\_

Signature/Executive Presbyter \_\_\_\_\_ Date \_\_\_\_\_

Governing Body peer references:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position held \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position held \_\_\_\_\_

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

**REGISTRATION DEADLINE: October 8, 2010**  
**Registration Limited to 12 Participants**