

Member Mission Leadership Institute – Registration
October 6-11, 2008 at The Spiritual Life Center, Greenwich, NY
Member Mission Network, Inc.

Prefix (e.g., Rev., Mr., Ms., etc.)_____

Name_____

Title or Position (e.g., Pastor, Lay Leader, etc.)_____

Congregation_____Denomination_____

Address Type: Home___ Office___ (Choose the address where a package can be left that is sheltered from rain)

Address_____

City/State/Zip_____

Phone: Day_____ Evening_____ Email_____

Special needs (disabilities, dietary restrictions, etc.)_____

I accept the commitment requested of participants.

- advance reading of the basic text and workbook for member mission and written preparation – bring all with you to the Institute (all to be sent to you after 8/19/08)
- implement two-three activities in your congregation each year for three years
- participate in coaching during this three year period

[Begin now to plan your travel. If by air, plan to arrive in Albany by 4:00 PM on Monday, 10/6/08, and leave any time Saturday, 10/11/08; also, please let MMN, Inc. review the ticket before final confirmation. Once your ticket is confirmed, send an itinerary that notes the cost and reimbursement for one-half of economy air fare (or, if driving, one half of \$0.505 per mile up to the cost of economy air fare) will be sent to you. In the event of cancellation, we will agree on an equitable adjustment. If driving, plan to arrive by 5:00 PM on Monday, 10/6; for directions go to www.CtKcenter.org.]

I am enclosing a check for \$100 made payable to Member Mission Network, Inc.

Signature_____

Mail to:

Member Mission Network, Inc.
10 Jubert Lane, Plattsburgh, NY 12901
518-561-1184; membermission@aol.com