

**REGISTRATION FORM — PLANNING FOR GROWTH AND VITALITY WEEKEND
WORKSHOP FOR THE SMALLER MID-SIZE CONGREGATION — DATE**

COMPLETE AND RETURN BY _____ (DATE)

TO: REGISTRAR'S NAME/ADDRESS _____ OR VIA E-MAIL _____

Fees: \$___/team of four or \$___/person. Check payable to: _____

NAME OF CONFERENCE CENTER/CONGREGATION

Attendees (put team contact person in #1)

1. Name _____
Address _____
_____ Phone
E-mail _____
 Vegetarian Home Hospitality Special Needs

2. Name _____
Address _____
_____ Phone
E-mail _____
 Vegetarian Home Hospitality Special Needs

3. Name _____
Address _____
_____ Phone
E-mail _____
 Vegetarian Home Hospitality Special Needs

4. Name _____
Address _____
_____ Phone
E-mail _____
 Vegetarian Home Hospitality Special Needs
