Institute for Christian Studies
School of Diaconal Training and Continuing Education for Clergy
2008-2009 Registration Form

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone (home): _____ Phone (work): _____
E-mail _____
Parish: _____

Please enroll me in the following courses: (use back also)

Course Name	Course Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Check one:

☐ I plan to audit the courses.
Cost: $35.00 per Saturday

☐ I plan to take the courses for credit.
Cost: $45.00 per Saturday

☐ Please order lunch for me.
Cost: $7.00 per Saturday

Please send $1.00 with this registration form to cover the cost of mailing course materials to you, to:

The Institute for Christian Studies
1017 East Robinson Street
Orlando, FL 32801

(Course fees may be paid with this form or on the day of class.)