

REGISTRATION

Name _____

Address _____

Phone _____

Email _____

Congregation/Organization _____

Preliminary Preferences for Sessions

#1 _____

#2 _____

#3 _____

#4 _____

COST: Early registration **\$45.00**

Late Registration after Aug. 27 - **\$55.00**

Send Payment to:

Community of Christ

Health Ministries Association

1001 W. Walnut

Independence, Mo 64050-3562

VISA/MC # _____

Exp. Date _____

Signature _____

Financial support provided by the
Jean Chandler, RN Memorial Fund

HEALTH and SPIRITUALITY WORKSHOP

September 12-13, 2003
Community of Christ Temple
Independence, Mo



Community of Christ
Health Ministries Association
1001 W. Walnut
Independence, Mo 64050

816/833-1000 ext 2262

HMA@CofChrist.org