

ACTS Missions Leadership Workshop Registration Form

Workshop Date: Saturday September 13

Registration Deadline for this workshop: August 29

Registration by mail only (one per form)

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Parish Name: _____

Month/Year you were a retreatant on your ACTS retreat: _____

Reason For Attending/Role:

____ Director ____ Co-Director ____ Spiritual Director
____ Team Member ____ Core Member ____ Just want to learn more

Registration fee of \$20 per person includes lunch

Select Method of Payment:

<i>Check</i> <input type="checkbox"/>	<i>Visa</i> <input type="checkbox"/>	<i>Master Card</i> <input type="checkbox"/>	<i>American Express</i> <input type="checkbox"/>	<i>Discover</i> <input type="checkbox"/>
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For credit card payments, please complete the following:

Credit Card #: _____

Expiration date: _____

Your Name as it appears on the card: _____

Mailing address where you receive the bill for this card: _____

Please make checks payable to ACTS Missions

Mail this registration form with payment to:

**ACTS Missions—Attn: Karen Conrow
c/o Oblate School of Theology
285 Oblate Dr.
San Antonio TX 78216**

NOTE: When we receive your registration form and payment we will send your confirmation via e-mail.

Refunds must be requested prior to the event. There is a \$5.00 processing fee for all refunds