

Application for Program
(Please type or print)

Name: _____ Date: _____
(First) (Last) (MI)

Address: _____
(Street) (City) (State) (Zip)

Telephone: Home _____ Office _____

Email Address: _____ Fax: _____

Employed by: _____ Please check one: _____ Lay

Denomination: _____ _____ Ordained

Judicatory: _____ _____ Candidate

Age: _____ Marital Status: _____ Spouse/Fiancé(e)/Partner's Name: _____

I. Registration: I wish to register for:

_____ 2-Day Standard Career Development Program _____ Pre-retirement Program

_____ Sojourners Program _____ Rehabilitation Assessment Program

_____ Direction Finder Program _____ Other _____

Candidate for Ordination Program: 2-Day Individual Track _____ or 3-Day Group Track _____

II. Scheduling: (Please call to schedule) My program is scheduled for: _____

III. Participation by Spouse/Fiancé(e)/Partner: We invite and encourage spouses/fiancé(e)s/partners to participate. Please check the option of your choice:

_____ Complete program as full client (emphasis on both careers)

_____ Partial participation (emphasis on one career)

_____ Spouse/Fiancé(e)/Partner does not plan to participate

IV. Referral: I was referred to the Center by: _____ Myself, or by: _____

V. Report: A report is required regarding my program: _____ Yes _____ No

Name & Address of person to whom report will be sent: _____

VI. Fee Policy: Program fees are due and payable in two parts:

- A. The registration fee is to be submitted with this application. **Program dates are not confirmed until the registration fee is received.** Please note that the registration fee is **non-refundable** if the applicant cancels the program less than five (5) weeks before the program date.
- B. The balance of the program fee is due and payable at the time of the program.
- C. Program fees are often paid from multiple sources; individual, association, congregation, or denomination. Please complete your billing information below.

VII. Payment of Fees:

That I am responsible for the program fee of \$ _____ and hereby accept that responsibility.

Signature _____

Date: _____

It will be paid as follows:

Registration fee of \$ _____ now. The balance of \$ _____ will be due at the time of the program.

Please charge the Registration fee __ Program fee __ to my [VISA] [MASTERCARD]

Account # _____ Expiration Date _____

Three digit code on back of card: _____ Signature: _____

Please bill the following partnership organization(s):

Amount _____ Contact Name: _____

Mailing Address: _____

Amount _____ Contact Name: _____

Mailing Address: _____

Amount _____ Contact Name: _____

Mailing Address: _____

Please complete the attached *Pre-Program Indicator* and submit it to the Center, along with this application and the registration fee. If you have completed Clinical Pastoral Education and Supervised Field Education settings, please include a copy of your final evaluation(s) along with this application.

