

Registration Form
Immanuel Approach: Dr Karl Lehman
 November 11-12, 2011 – Jackson, TN

Your contact info:

name, first and last	email address
street address	phone number
city, state, zip code	church affiliation

Others you are registering:

Name	email address
Name	email address
Name	email address

Vocation: (check all that apply) Pastor Mental Hlth or other Hlth Prof. Lay Minister Other: _____

How Heard: ECC attender KCLehman's eNews Friend/Colleague: Other: _____

Seminar Fee

We are asking for a registration fee of \$20/individual or \$30/couple to cover expenses to the hosting church (snacks, box lunches, handouts, extra janitorial care, etc). We will also be taking a free-will offering at the conference to cover Dr. Lehman's travel expenses and time. See page 1 for details.

Calculate cost:

Number of couples _____ x \$30 each equals _\$ _____

Number of individuals _____ x \$20 each equals _\$ _____

Total Fee (add lines above): \$ _____

**** Please register by Wednesday November 9 so food may be ordered ****

- Please make check or money order out to Evangelical Community Church.
- Unfortunately, we are not able to offer the option of credit card payment.
- Completed Registration Form should be mailed with the total fee to the address below.

Mail this completed form with fee to:	Questions: Contact Marjie Pjontek	More copies of this flyer available at:
Evangelical Community Church 730 Pipkin Rd Jackson, TN 38305	Email: @eccjackson.com (marjie@eccjackson.com) Call: 731-668-4141	www.immanuelapproach.com - click events