2021 National Workshop on Christian Unity Registration Form

SEMINARIANS / STUDENTS

I will attend:

☐ **The Full Online Workshop** National Workshop registration fee, No additional Network Fee required.

I am enclosing $ ____0_____ with this registration form, mail to : Attn: James Biegler, PO BOX 52, Ellison Bay, WI 54210-0052

Attendee Information

Please print information as you would like it to appear in the Workshop Directory
☐ *Please check if you DO NOT wish to be listed in the Workshop Directory*

Title _____ *Name* _____

Address _____

Email _____

Cell phone _____ *Home phone* _____ *Office phone* _____ *Fax* _____

Please check if you are: ☐ Female ☐ Male ☐ Laity ☐ Clergy ☐ Student ☐ Under 35
Are you the Ecumenical/Interreligious Officer / Conference Chair for your jurisdiction? ☐ Yes ☐ No
If you are not, please list his/her name and email below.

Name _____

Email _____ *Phone (if known)* _____

Network/Denomination Information

Diocese/Synod/Conference _____ *Region* _____

Church/Congregation/Seminary/Theological College _____ *City/State* _____

How many Workshops have you attended? _____