



Staff Summit Registration Form

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal: _____

Country: _____

Campus(es): _____

Phone Number: _____ (circle one: home - mobile - work)

E-mail Address: _____

Options:

- Yes, my spouse will be attending name: _____
- Yes, my child(ren) will be there (childcare provided for children 1 year and older)
 - name: _____ age: ____ name: _____ age: ____
 - name: _____ age: ____ name: _____ age: ____
- Yes, I will be attending the banquet (circle meal choice: regular - vegetarian)
- Yes, my spouse will be attending the banquet (meal choice: regular - vegetarian)

Registration (check one): *Registration includes all sessions, a full day of training with Tim Elmore, lunch on Monday, Tuesday and Wednesday, and the banquet Wednesday evening.*

- Single \$75
- Married Couple \$100

Payment Type (check one):

- Cash
- Check (made payable to ENM, Summit 2009 on memo line) mailed to ENCM: PO Box 1787, Brentwood, TN 37024
- Credit Card – please fill in details to the right and fax to (615) 661-0902
- I will pay at Summit with either cash or check.

For credit card payment:

VISA Mastercard AMEX Discover

#: _____

exp. date: ___/___/___

Name as it appears on card: _____

Signature: _____