

**Spring 2010
Counseling & Discipleship
Training Conference
Registration Form**

Feb.5-6, 19-20, & March 5-6, 2010

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____

Email address: _____

Check: Individual rate (\$150)

Couple rate (\$250)

Spouse's name: _____

*Online registration does **NOT** guarantee your spot for the conference. To reserve your spot, we must receive your payment.

*Please select where you are going to send your registration funds:

- Dr. Scott's box in the School
of Theology office at SBTS
- CBC, Box 1000, 2825 Lexington
Rd, Louisville, KY 40280
- SEIBA, 615 Park East Blvd, New
Albany, IN 47150

*\$25 cancellation fee.

*Fees will increase to \$175 (idvdl) and \$300 (cpl) after January 6, 2010.

*No childcare will be provided.

*Please make your check out to SEIBA. *If submitting cash, include your name & contact information in the envelope.

*Questions? Contact Emily Chambers: echambers@sbts.edu or 502.897.4608