

The Healthy Small Church

Diagnosis and Treatment for the Big Issues



Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Church Phone: _____

ABCRM: Yes No

Location and date you will be attending:

<input type="checkbox"/> Monday, April 7, 2008 Bethany Baptist Church Colorado Springs, CO	<input type="checkbox"/> Wednesday, April, 9, 2008 First Baptist Church Palisade, CO	<input type="checkbox"/> Friday, April 11, 2008 First Baptist Church Cheyenne, WY
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The workshops will be from 9:00 a.m. to 4:30 p.m. Lunch is included with the registration fee.

Rate	Number	Each	Total
Before March 15, 2008			
ABCRM Pre-registration	_____	\$30	_____
Non-ABCRM Pre-registration	_____	\$50	_____
After March 15, 2008			
ABCRM Registration	_____	\$40	_____
Non-ABCRM Registration	_____	\$60	_____
Subtotal	_____		_____
Discounts for 4 to 6 ¹	_____	-\$5	_____
Discounts for 7 or more	_____	-\$10	_____
Total	_____		_____

To register, complete the front and back sides of this form, submit it and a check payable to "ABCRM" to ABCRM, 6855 S Havana St. Ste. 220, Centennial, CO 80112.

¹For group discounts, all names must be submitted on the same form and paid for with one check.

Registrants:

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone: _____
E-mail: _____

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone: _____
E-mail: _____

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone: _____
E-mail: _____

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone: _____
E-mail: _____

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone: _____
E-mail: _____

The registration deadline is March 28, 2008. Cancellations must be received by March 28 and are subject to a \$15 non-refundable processing fee. Cancellations after March 28 are not refundable.