

**Council for Relationships
2011-2012 Clergy Seminar Series
Registration Form**

Name _____
Congregation _____
Address _____
City, State, Zip Code _____
Phone – home _____
Phone – work _____
E-mail Address _____

Please check the box for the seminar(s) you will be attending:

- Dual Role and Boundaries**
Thursday, November 17th, 2011
1:00 PM - 4:00 PM
- Affairs**
Thursday, January 26th, 2012
1:00 PM - 4:00 PM
- Working with Difficult Congregants**
Thursday, May 17th, 2012
1:00 PM - 4:00 PM

Amount Enclosed: \$ _____
(Cost is \$35 for one seminar or \$30 each for two or more seminars)

Please send this registration form along with your check or money order,
payable to Council for Relationships, to:

**Training & Client Care Coordinator
Council for Relationships
4025 Chestnut Street, 1st Floor
Philadelphia, PA 19104**

If you would like to pay by credit card, please complete the information below and mail this form to the corresponding address above, fax it to Council for Relationships at 215-386-1743, or call in the information to the Training & Client Care Coordinator at 215-382-6680, ext. 3134.

Type of Credit Card (MasterCard, VISA, or American Express): _____
Credit Card #: _____
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