



Seminar Registration

Full Name _____

Full Name _____

Church Leadership Position:

Minister Elder Deacon

Teacher None

Other: _____ (please specify)

Church Leadership Position:

Minister Elder Deacon

Teacher None

Other: _____ (please specify)

Email: _____

Email: _____

Yes, please add me to your email contact list to receive MCC correspondence (e.g. Maritime Messenger, updates, letters).

Yes, please add me to your email contact list to receive MCC correspondence (e.g. Maritime Messenger, updates, letters).

Food Allergies: _____

Food Allergies: _____

Street/PO Box _____

City _____ Province _____

Postal Code _____ Telephone _____ - _____

Name of church you currently attend _____

Seminar Name _____

Seminar Date _____