

Contact Info for Group Members

Circle One: Conflict Transformation, Healthy Congregations, or Leadership & Anxiety

Date of Event: _____

Participant 1

Name: _____

Address: _____ City _____ ZIP _____

Email: _____

Work Phone: _____ Cell Phone: _____

Congregation/Organization: _____

Participant 2

Name: _____

Address: _____ City _____ ZIP _____

Email: _____

Work Phone: _____ Cell Phone: _____

Congregation/Organization: _____

Participant 3

Name: _____

Address: _____ City _____ ZIP _____

Email: _____

Work Phone: _____ Cell Phone: _____

Congregation/Organization: _____

Participant 4

Name: _____

Address: _____ City _____ ZIP _____

Email: _____

Work Phone: _____ Cell Phone: _____

Congregation/Organization: _____

Participant 5

Name: _____

Address: _____ City _____ ZIP _____

Email: _____

Work Phone: _____ Cell Phone: _____

Congregation/Organization: _____

Participant 6

Name: _____

Address: _____ City _____ ZIP _____

Email: _____

Work Phone: _____ Cell Phone: _____

Congregation/Organization: _____

Participant 7

Name: _____

Address: _____ City _____ ZIP _____

Email: _____

Work Phone: _____ Cell Phone: _____

Co

ngregation/Organization: _____

Participant 8

Name: _____

Address: _____ City _____ ZIP _____

Email: _____

Work Phone: _____ Cell Phone: _____

Congregation/Organization: _____

Participant 9

Name: _____

Address: _____ City _____ ZIP _____

Email: _____

Work Phone: _____ Cell Phone: _____

Congregation/Organization: _____

Participant 10

Name: _____

Address: _____ City _____ ZIP _____

Email: _____

Work Phone: _____ Cell Phone: _____

Congregation/Organization: _____

Participant 11

Name: _____

Address: _____ City _____ ZIP _____

Email: _____

Work Phone: _____ Cell Phone: _____

Congregation/Organization: _____

Participant 12

Name: _____

Address: _____ City _____ ZIP _____

Email: _____

Work Phone: _____ Cell Phone: _____

Congregation/Organization: _____

Name of person who organized this group: _____