



Lombard  
Mennonite  
Peace  
Center

## LMPC REGISTRATION FORM

Circle the event and date for which you wish to register, then fill out the contact information below. Registration is complete only after LMPC has received full payment. Please print neatly so your manual and Zoom link arrive without mishap. Thank you!

**Conflict Transformation Skills, \$99** (\$84 apiece for groups of 4 or more), 9:00am to 4:30pm:  
Sat, Jan 29    Sat, March 26    Sat, May 7    Sat, Sep 24    Sat, Nov 5

**Healthy Congregations, \$99** (\$84 apiece for groups of 4 or more), 8:30am to 4:30pm CT:  
Sat, Feb 26    Sat, Apr 2    Sat, June 4    Sat, Aug 27    Sat, Oct 1

**Journey Toward Healing, \$99** (\$84 apiece for groups of 4 or more), 9:00 to 4:00pm CT:  
Tues, Jan 25    Thurs, April 7    Wed, Sep 21

**Mediation Skills Training Institute, \$750**, 9:00am to 5:00pm Central Time (most days):  
March 14-18    May 9-13    June 13-17    Aug 1-5    Nov 14-18

### CONTACT INFORMATION

Name of Participant \_\_\_\_\_

Church/Organization \_\_\_\_\_

Email for Zoom link \_\_\_\_\_

Mailing address for the manual (no PO Box, please):

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

*Comments or concerns, if any:*

630-627-0507

[www.LMPeaceCenter.org](http://www.LMPeaceCenter.org)

[Admin@LMPeaceCenter.org](mailto:Admin@LMPeaceCenter.org)

Name of Participant #2 \_\_\_\_\_

Church/Organization \_\_\_\_\_

Email for Zoom link \_\_\_\_\_

Mailing address for the manual:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Participant #3 \_\_\_\_\_

Church/Organization \_\_\_\_\_

Email for Zoom link \_\_\_\_\_

Mailing address for the manual:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Participant #4 \_\_\_\_\_

Church/Organization \_\_\_\_\_

Email for Zoom link \_\_\_\_\_

Mailing address for the manual:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Participant #5 \_\_\_\_\_

Church/Organization \_\_\_\_\_

Email for Zoom link \_\_\_\_\_

Mailing address for the manual:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Participant #6 \_\_\_\_\_

Church/Organization \_\_\_\_\_

Email for Zoom link \_\_\_\_\_

Mailing address for the manual:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Participant #7 \_\_\_\_\_

Church/Organization \_\_\_\_\_

Email for Zoom link \_\_\_\_\_

Mailing address for the manual:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Participant #8 \_\_\_\_\_

Church/Organization \_\_\_\_\_

Email for Zoom link \_\_\_\_\_

Mailing address for the manual:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Participant #9 \_\_\_\_\_

Church/Organization \_\_\_\_\_

Email for Zoom link \_\_\_\_\_

Mailing address for the manual:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Participant #10 \_\_\_\_\_

Church/Organization \_\_\_\_\_

Email for Zoom link \_\_\_\_\_

Mailing address for the manual:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_