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    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 _____________________________