



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 (\$1500 for AZ in Nov.), 9:00am to 5:00pm daily:
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 _____

Name of Participant #5 _____

Church/Organization _____

Email for Zoom link _____

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City _____ State _____ Zip _____

Work phone _____ Cell phone _____

Name of Participant #6 _____

Church/Organization _____

Email for Zoom link _____

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City _____ State _____ Zip _____

Work phone _____ Cell phone _____

Name of Participant #7 _____

Church/Organization _____

Email for Zoom link _____

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City _____ State _____ Zip _____

Work phone _____ Cell phone _____

Name of Participant #8 _____

Church/Organization _____

Email for Zoom link _____

Mailing address for the manual:

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City _____ State _____ Zip _____

Work phone _____ Cell phone _____

Name of Participant #9 _____

Church/Organization _____

Email for Zoom link _____

Mailing address for the manual:

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Work phone _____ Cell phone _____

Name of Participant #10 _____

Church/Organization _____

Email for Zoom link _____

Mailing address for the manual:

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Work phone _____ Cell phone _____