



**Lombard
Mennonite
Peace
Center**

101 W. 22ND ST., SUITE 206
LOMBARD, IL 60148
ADMIN@LMPEACECENTER.ORG
(630) 627-0507



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 (if applicable) arrive without mishap. Thank you!

Healthy Congregations, \$99*, 8:30 am-4:30 pm CT:

March 22nd, June 1st, September 9th, November 29th

Fractured Lives, Fractured Churches, \$99*, 8:30 am-4:30 pm CT:

March 30th, June 15th, September 12th, December 5th

Restorative Conversations, \$139*, 8:30 am-4:30 pm CT:

May 23rd, November 2nd

Conflict Transformation Skills, \$99*, 8:30 am-4:30 pm CT:

April 11th, September 16th

Mediation Skills Training Institute, \$850, 9 am-5 pm daily:

March 13-17, May 1-5, June 5-9, July 31-Aug. 4, Aug. 21-25, Nov. 13-17

*All one-day workshops have the opportunity for a \$15 discount per person if registering as a group of 4 or more

Contact Information*

Name of Participant _____

Church/Organization _____

Email _____

Mailing Address (no PO box, please)

Street _____

City _____ State _____ Zip _____

Work Phone _____ Cell _____

*All above fields are required to guarantee proper communication for your attendance

Comments or Concerns, if any: _____

Name of Participant #2 _____
Church/Organization _____
Email _____
Mailing Address (no PO box, please)
Street _____
City _____ State _____ Zip _____
Work Phone _____ Cell _____

Name of Participant #3 _____
Church/Organization _____
Email _____
Mailing Address (no PO box, please)
Street _____
City _____ State _____ Zip _____
Work Phone _____ Cell _____

Name of Participant #4 _____
Church/Organization _____
Email _____
Mailing Address (no PO box, please)
Street _____
City _____ State _____ Zip _____
Work Phone _____ Cell _____

Name of Participant #5 _____
Church/Organization _____
Email _____
Mailing Address (no PO box, please)
Street _____
City _____ State _____ Zip _____
Work Phone _____ Cell _____



Name of Participant #6 _____
Church/Organization _____
Email _____
Mailing Address (no PO box, please)
Street _____
City _____ State _____ Zip _____
Work Phone _____ Cell _____

Name of Participant #7 _____
Church/Organization _____
Email _____
Mailing Address (no PO box, please)
Street _____
City _____ State _____ Zip _____
Work Phone _____ Cell _____

Name of Participant #8 _____
Church/Organization _____
Email _____
Mailing Address (no PO box, please)
Street _____
City _____ State _____ Zip _____
Work Phone _____ Cell _____

Name of Participant #9 _____
Church/Organization _____
Email _____
Mailing Address (no PO box, please)
Street _____
City _____ State _____ Zip _____
Work Phone _____ Cell _____

