



**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. If paying by check, make it out to **Lombard Mennonite Peace Center** and mail it to our address listed above.

Please print neatly so we are able to send you all the appropriate materials. Thank you! The dates in bold represent Zoom presentations, the others will be held in person across the country. Please view our website for location information.

Healthy Congregations, \$99*, 9:00 am-4:00 pm:

January 16th, March 5th, September 24th, and December 4th

Fractured Lives, Fractured Churches, \$99*, 9:00 am-4:00 pm:

January 31st, February 15th, May 7th, September 25th, and November 1st

Restorative Conversations, \$139*, 9:00 am-4:00 pm:

April 17th, May 16th, June 13th, July 9th, and October 10th

Conflict Transformation Skills, \$99*, 9:00 am-4:00 pm:

April 4th, May 14th, June 13th, and October 9th

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

January 22nd-26, March 11-15, May 20-24, June 24-28, and November 18-22

*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 _____

