FORMATION WORKSHOP REGISTRATION

*Workshop offered online Tuesday, July 28th*

Name:

Address:

City:       State:      Zip:

Bill to:

Address:

City:       State:       Zip:

Phone:       Email:

Date of Birth:

[ ]  Current Degree Student [ ] Non-degree Student [ ] Saint Meinrad Graduate

[ ] Other:

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|  |  |
| --- | --- |
| **Workshop Title** | **Date** |
| [ ]  Formation Workshop: Domestic Church | July 28th  |

**Signature:**      **Date:**

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*Email form to:* *akovacs@saintmeinrad.edu* *or msimon@saintmeinrad.edu*

*Fax to: (812)357-6816 or (812)357-6341*

*Mail form to: Saint Meinrad School of Theology, Attn: Agnes Kovacs 200 Hill Dr. St. Meinrad, IN 47577*