Registration Form



Registration Instructions

This completed form may be:

- + returned via postal mail,
- + submitted via fascimile (to 609-497-0709),
- + e-mailed as an attachment to scvm@ptsem.edu, or
- + called in via the telephone (to 609-497-7990).

The Erdman Center 20 Library Place Princeton, NJ 08540 Phone: 609-497-7990 Fascimile: 609-497-0709

scvm@ptsem.edu/cvm

You will receive confirmation (including an invoice) by e-mail and postal mail, within one business day of receipt.

Participant Information		Theological Education			
Title:		○ Clergy	Caity		
First Name:				_	
Badge Name (if other th	an first name):	PTS Alumnus/a Graduation Year		Degree	
Middle Initial:				L	
Last Name:		If not PTS, where did you receive your primary theological education?			
\bigcirc M	lale	Institution			
The name of my faith community is:		Year		Degree	
Denomination:					
Race (Optional): Please check all that apply. Categories: U.S. Census American Indian or Asian American Asian Asian African American American American American American American American Black or African American African American American					
Contact Informatio	Please Check Preferred Phone Number				
Preferred Primary Addre	SS:	C Home			
Address:					
Address 2:					
City, State/Province:		Mobile			
Zip/Postal Code:		_			uction and visitors
Email:		on campus, parking will be assigned. Oracle Parking Needed No Parking Needed			
I would like to register for the following programs (please include lodging requests and other special needs (e.g. allergies, accessibility, etc.):					