

NATIONAL ASSOCIATION OF LUTHERAN INTERIM PASTORS (NALIP) &  
CONCORDIA SEMINARY, ST. LOUIS CONTINUING ED. DEPARTMENT

BASIC EDUCATION FOR THE PRACTICE OF INTERIM MINISTRY  
Planting Phase, November 4-8, 2013 • Harvesting Phase, April 21-25, 2014

REGISTRATION FORM

Complete and check all that apply:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

I am a(n)  LCMS pastor  ELCA pastor  principal  diaconal minister  associate in ministry  
list District/Synod \_\_\_\_\_ Identify your denomination if not Lutheran \_\_\_\_\_

I am  active  retired  CRM

**Registration fee: \$1,045** (\$525 due with registration form, all fees due 30 days before class begins)  
**(If registering less than 60 days prior to event, please call 314-505-7286 first; program fills quickly.)**  
**NO WALK IN REGISTRATIONS ALLOWED. CONFIRMATION EMAIL WILL BE SENT UPON RECEIPT OF REGISTRATION. IF YOU DO NOT RECEIVE ONE, CONTACT 314-505-7286.**

**Lodging:** (2<sup>nd</sup> floor, dormitory style with shared restroom/shower facilities)

I prefer a room at the seminary.

**single room - \$40/per night X \_\_\_\_\_ (number of nights) =** \$ \_\_\_\_\_

**shared room - \$25/per night X \_\_\_\_\_ (number of nights) =** \$ \_\_\_\_\_

**Planting Phase:** (check nights housing needed)

Sun.11/4  Mon.11/5  Tues.11/6  Wed.11/7  Thurs.11/8

Roommate \_\_\_\_\_ \$ \_\_\_\_\_

**Harvesting Phase:** (check nights housing needed)

Sun.4/21  Mon.4/22  Tues.4/23  Wed.4/24  Thurs.4/25

Roommate: \_\_\_\_\_ \$ \_\_\_\_\_

I prefer staying at a hotel. (a list of nearby hotels is available upon request)

**(Registrants are responsible for making their own hotel arrangements.)**

I will be commuting and do not need a room.

**Meals:** Meal plan which includes all meals Monday lunch through Friday lunch, with the exception of Wednesday supper.

Planting Phase: \$100 \$ \_\_\_\_\_

Harvesting Phase: \$100 \$ \_\_\_\_\_

**Total Enclosed:** \$ \_\_\_\_\_

Make checks payable to Concordia Seminary.

(circle) MasterCard VISA Discover Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name as shown \_\_\_\_\_

All fees for current phase must be paid 30 days prior to the beginning of the phase. If you are applying for District funds, please send a copy of this form to the address below as well as to your District.

Send form with payment to: Continuing Education Office, Concordia Seminary, 801 Seminary Place, St. Louis, MO 63105-3199. Note on check that it is for IM Basic Ed. E-mail: ce@csl.edu. Fax: 314-505-7393