

COLUMBIA
THEOLOGICAL Conference on Ministry
 SEMINARY Registration Form

You may complete this form on line. Then print the form and mail it in an envelope to

Office of Admissions

Columbia Theological Seminary

P.O. Box 520, Decatur, GA 30031

For more information, please contact the **Office of Admissions: 404-687-4517** or **877-548-2817 (toll-free)**.

Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Telephone (H) _____ Telephone (W) _____

E-mail _____

Male Female Age _____ Denomination _____

Education – List below the names of institutions, degrees earned and dates earned

Occupation _____

Please indicate the date you wish to attend a Conference on Ministry

Conference date	Registration due
<input type="checkbox"/> February 20-22, 2009	<input type="checkbox"/> February 13, 2009
<input type="checkbox"/> November 6-8, 2009	<input type="checkbox"/> October 30, 2009
<input type="checkbox"/> February 26–28, 2010	<input type="checkbox"/> February 19, 2010

During the conference, I would like to have my admissions interview or a conversation with a faculty member.

ENCLOSED IS MY **\$20** DEPOSIT. I understand that the deposit will be returned to me upon arrival. If I cancel after the registration deadline, I forfeit my deposit.

TRAVEL ARRANGEMENTS

drive
 fly

If you are flying, please arrive at the airport no later than 5 p.m. Friday. If you need airport pickup, contact the Office of Admissions no later than the registration deadline of the conference you will to attend.

ARRANGE LODGING FOR ME ON CAMPUS.

Thursday (limited space available)
 Friday
 Saturday

ARRANGE LODGING FOR spouse guest

Friday
 Saturday

ARRANGE MEALS FOR ME.

Friday
 Saturday

ARRANGE MEALS FOR spouse/guest

Friday
 Saturday

NAME of accompanying spouse/guest
