



THE COUNCIL for HEALTH and HUMAN SERVICE MINISTRIES

**81th Annual Gathering March 4, 2019
Fairmont Chicago, Millennium Park, Chicago, IL**

***Toward Tomorrow - Together We Learn, Together We Flourish
"Coming together as community to create a just, caring and compassionate world"***

DIAKONAL MINISTER REUNION RETREAT RESERVATION FORM

MINISTRY NAME _____

NAME _____

ADDRESS _____

Cell phone: _____ **E-mail:** _____

Class Year: _____

****DEADLINE for receipt of this form is February 1, 2019****

Return these completed forms by email or by mail to:

**Paula Barker
CHHSM / UCC
700 Prospect Ave.
Cleveland, OH 44115-1100**

E-Mail: barkerp@chhsm.org

If you a question regarding payment, please contact Paula by phone at
216-736-2250 or 866-822-8224, Ext. 2250.

Credit Card Authorization

Type of Card:

Visa AmEx MasterCard Discover

Please charge my credit card:

Registration(s) #_____, _____ @ \$100

TOTAL DUE \$_____

Name (As it appears on credit card) _____

Billing Address _____

Acct # _____ Exp. Date: _____

Security Code: _____ Signature: _____

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Cleveland, OH 44115-1100

You may also pay by check made payable to CHHSM. Send it with the registration form to Paula Barker. Please email her to RSVP first so we can hold you a space in the retreat.

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