

**STEM LAY LEADERSHIP DEVELOPMENT
EVENT REGISTRATION FORM**

***Name*:** _____ **Date:** _____

Address: _____

Phone: _____

Email: _____

Church Name: _____

ChurchAddress: _____

ChurchPhone: _____

Workshop Title and Date:

_____ **FEE:** _____

Workshop Title and Date:

_____ **FEE:** _____

Workshop Title and Date:

_____ **FEE:** _____

TOTAL REGISTRATION FEES: \$ _____

TOTAL REGISTRATION FEE ENCLOSED: \$ _____

***PRINT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR CERTIFICATE:**

Mail to:

STEM, c/o Anne McCauslin, 584 Sedgefield Dr., Bloomfield Hills, MI 48304