



LEAD Ministries

LEADERSHIP EMPOWERMENT AND DEVELOPMENT

www.lead-ministries.com

Registration Form

Event: Classroom and Small Group Management 10/03/09

Name: _____

Address: _____

City: _____

Zip: _____

Phone #: _____

Pager/Cell #: _____

Work #: _____

Best time to call: _____

e-mail: _____

FAX #: _____

Church Affiliation: _____

Ministry Position: _____

Contact me for information on upcoming workshops and events

NO ☐

YES ☐

Contact me about other LEAD training available for my Church

NO ☐

YES ☐