



EQUITA

WORLD CLASS OFFICERS TRAINING

ELDERS REGISTRATION FORM

Application Date: _____ 2015

Intended Region for Module #1: [] Metro NY [] New England [] Western NY

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____

Contact: Home _____ Cell _____ Work _____

Email address: _____ @ _____ Years Served as Local Elder []

Local Church: _____ Pastor: _____

Signature: Participant _____ Pastor _____

Module #1 Special Rate: \$39

Make Checks Payable to NEC Elder's Council

Method of Payment:

- Cash
- Check