

**EIGHTH EPISCOPAL DISTRICT
CHRISTIAN EDUCATION DEPARTMENT
OF THE AFRICAN METHODIST EPISCOPAL CHURCH**

CERTIFICATION CLASSES

REGISTRATION FORM

If you are interested in attending the certification classes for Christian Education Ministry, please complete this form, so that we will be able to prepare materials for the workshop.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHURCH: _____

PRESIDING ELDER'S DISTRICT: _____

TELEPHONE: _____ E-MAIL: _____

Please check the appropriate boxes:

Church Office:

- | | |
|---|---|
| <input type="checkbox"/> Christian Education Director | <input type="checkbox"/> Church School Member |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> Clergy |
| <input type="checkbox"/> Church School Worker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Youth Worker | |

OTHER INFORMATION

Please remember to complete the **Congress Registration Application** and attached this form to it. **Class** will begin on **Tuesday, July 19** at and will end on **Thursday morning (July 21)**. You will receive a Certificate of Participation for this class.