

**Pastoral Ministry Leadership Formation Program  
 Diocese of Richmond  
 Course Registration Form  
 2007-2008**

**Course**

<b>Title:</b>
<b>Number:</b>

**Participant**

<b>Name:</b>	
<b>Telephone:</b>	
<i>Home</i>	<i>Cell</i>
<b>E-Mail:</b>	

**Location (Check the desired location where you will attend class.)**

<input type="checkbox"/> <b>Abingdon</b>	<input type="checkbox"/> <b>Norfolk</b>	<input type="checkbox"/> <b>Richmond</b>
--	---	--

**Payment (Make checks payable to CDR. Please write course number in check memo space.)**

<input type="checkbox"/> <b>Check Amount \$</b> _____	<input type="checkbox"/> <b>Cash Amount \$</b> _____
<b>Total Amount Paid: \$</b> _____	

**Return completed registration form and payment to:**

**The Office of Pastoral Ministry Leadership Formation  
 7800 Carousel Lane  
 Richmond, VA 23294**