

Registration for Five Day Academy for Spiritual Formation

“Transformed by the Word”

March 30-April 4, 2008



Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____

(Cell) _____

E-mail: _____

Church Name _____

Laity Clergy Male Female

I will need a ride from the Atlanta airport.

Name as listed for nametag: _____

**Make checks payable to:
Cooperative Baptist Fellowship**

**Send this form with \$500 by Jan. 15
or \$550 after Jan. 15 to:**

**Karyn Hurry
Cooperative Baptist Fellowship
P.O. Box 450329
Atlanta, GA 31145**