**Thank you for your interest in the Mastery Foundation Making a Difference Workshop.**

To register, please complete this form with the requested information, and return it to the course registrar: Kate Coluccio, 152 Orchard Drive Pittsburgh, PA 15235

Email: kate.coluccio152@gmail.com

*The cost of the workshop is $500, which includes your room and board*

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| Name you like to be called: |  | Title: |  |
| Address - Street: |  | | |
| City: |  | State & Zipcode: |  |
| Home Phone: |  | Mobile Phone: |  |
| Email (primary): |  | | |
| Email 2: |  | | |
| Organisation: |  | | |
| Area of ministry/service: |  | | |
| Religion or faith tradition: |  | | |
| Tell us about your ministry and the challenges you are facing: |  | | |
| How did you hear about this workshop: |  | | |
| Dietary Restrictions? |  | | |
| Access requirements? |  | | |

As soon as we receive your registration information, someone from the Mastery Foundation will acknowledge the receipt of the form and outline the final steps in registration process.

This form collects your name and contact information so that we can manage your participation in our program. We will not use this information for any other purpose. During the program, you will be able to choose what information we retain and how we will communicate with you. If you have any questions or concerns, please let us know.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

View the full Mastery Foundation privacy statement at: https://www.masteryfoundation.org/contact/