

Christian Storytelling Conference June 18-19, 2010

Name: _____ Email: _____

Address: _____

Phones: (_____) _____ (_____) _____ (_____) _____

Pre-Conference Workshops: Friday 9 am – 4 pm **\$45.00**

Registration & Reception: Friday 5:00 pm – 5:45 pm
Conference: Fri 5:45 pm – 9:15 pm, Sat 8 am – 5:15 pm **\$65.00**

TOTAL: _____

Name on Card: _____ Visa MasterCard Discover Am Ex

Card#: _____

Security Code: _____ Expiration Date: (Mo/Yr) _____ / _____

Total amount to be charged: _____ Signature: _____

Send check or credit card payment to: Christian Storytelling Network, 2905 Gill Street, Bloomington, IL 61704