

Registration for the  
**International Christian Storytelling Conference**  
Friday & Saturday, June 19-20, 2009

Name: \_\_\_\_\_ Email : \_\_\_\_\_

Address : \_\_\_\_\_


Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Pre-Conference Intensives: Fri 8 AM – 4 PM (morning & afternoon sessions) \$40.00 \_\_\_\_\_

Conference: Friday 4 PM – 9 PM, Saturday` 8 AM – 9 PM \$55.00 \_\_\_\_\_

Both \$90.00 \_\_\_\_\_

TOTAL PAYMENT \_\_\_\_\_

|   |   |
|---|---|
|  | <p><b>Story Meal Reservation:</b></p> <p>There is no extra cost, but we need to know if you are planning to be at this meal on Saturday, June 20<sup>th</sup> at 5 PM.</p> <p>Story meal: <input type="checkbox"/> Yes I will attend<br/><input type="checkbox"/> No I can't attend</p> |
|---|---|

Send this form & payment to: Christian Storytelling Conference  
2905 Gill Street  
Bloomington, IL 61704

Contacts: John Walsh (309) 826-0608 or jwalsh@ChristianStorytelling.com

International Learning Solutions 800-420-0022 or mary@ChristianStorytelling.com

To pay by credit card, complete the following billing information:

Person's name on the Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Visa       MasterCard       Discover       American Express

# \_\_\_\_\_

Security Code \_\_\_\_\_ Expiration Date (Mo/Yr) \_\_\_\_\_ / \_\_\_\_\_

Total amount to be charged: \_\_\_\_\_ Signature \_\_\_\_\_

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