



**Registration for Summer Institute 2007: Youth Ministry**

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Day: \_\_\_\_\_ Phone Evening: \_\_\_\_\_

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

Single sessions : \$50.00 per session or \$100.00 per day.

\_\_\_\_\_ Wednesday Afternoon

\_\_\_\_\_ Thursday Morning

\_\_\_\_\_ Thursday Afternoon

\_\_\_\_\_ Friday Morning

\_\_\_\_\_ Friday Afternoon

\_\_\_\_\_ Saturday Morning

\_\_\_\_\_ I am enclosing a check for \_\_\_\_\_ or

\_\_\_\_\_ I authorize the Patriarch Athenagoras Orthodox Institute to charge my account for \_\_\_\_\_ for the PAOI Summer Institute 2007.

Credit Card Number: \_\_\_\_\_

I authorize the Patriarch Athenagoras Orthodox Institute to charge my account for \$250.00 for the PAOI Summer Institute 2007.

Credit Card Number: \_\_\_\_\_

VISA \_\_\_\_\_ MC \_\_\_\_\_ Exp. \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address (if different):

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please call (510) 649-3450 or FAX (510) 841-6605 your registration information as soon as possible as space is limited.

\_\_\_\_\_ I would like information about housing during the Summer Institute.

