The Emmaus Journey is a place for you to find understanding, healing, hope and purpose in the context of personal reflection, group activities, and individual time with an experienced debriefer.



REGISTRATION FORM

Please fill in the spaces below that have an asterisk (*). All other information is desired but optional.

PERSONAL IN	NFORMATIC	ON								
*Family Name:			*First Name:	*First Name:						
Middle Name(s):			*Preferre	d Title:	Prof.	Dr.	Mr.	Mrs.	Ms	
*Date of Birth:		Name of Spouse: (if attending workshop)	N/A							
CONTACT IN	FORMATION	N								
*Select the best way to	o contact you: P	hone Email Other:								
Please fill out the com	tact information for	when you are in Canada (if you know it at this ti	ime):						
Street Address:			City/Town:	City/Town:						
Province/State:		Country:			Postal/Zip Code:					
Phone #(1):		Phone #(2):		Email:						
YOUR EXPER	IENCE									
Mission Agency:			Country/Region:							
*Length of Time: (of service there)			(of Cross-Cultural Service) *Arrived in Canada: (if working overseas)							
THE WORKSH	НОР									
Dietary Restrictio	ns:									
What else would y	ou like us to kno	ow so we can serve yo	u well?							

October 24-27, 2017 - RESIDENTIAL

Mount St. Francis Retreat Centre 30 km NW of Calgary. All accommodation & meals included. Cost: \$575 per person | Deposit: \$200 per person | REGISTRATION & DEPOSIT DEADLINE: September 24, 2017

PAYMENT



PAYMENT

PAYMENT BY CHEQUE

Please send your cheque to:

Hazel Mayhew 4316 10 St NE Calgary, AB T2E 6K3

PAYMENT BY E-TRANSFER

Please send the e-transfer to Hazel Mayhew at hazel@beracah.ca, and send a separate email to inform her of the password you have set.

QUESTIONS OR CONCERNS

If you have any questions or concerns regarding payments or the retreat, please contact Hazel (hazel@beracah.ca).

Additional information is available on our website: www.bercah.ca/the-emmaus-journey.