

**REGISTRATION
URBAN PLUNGE 2008
March 25-29, 2008**

Contact Person _____ Congregation _____

Address _____ e-mail _____

Phone (home) _____ (work) _____ (cell) _____

Payment enclosed (\$160 / person in member congregations) now _____ later _____
(\$200 / person not in member congregations)

PARTICIPANTS: (Please print)

1. _____ First name _____ Last name _____ Initials _____ Address if different from above, City, State/ Zip and Phone _____
Ministry/Other relevant experience _____ Dietary or other special needs _____ Email _____ Name for Name Tag _____

2. _____ First name _____ Last name _____ Initials _____ Address if different from above, City, State/ Zip and Phone _____
Ministry/Other relevant experience _____ Dietary or other special needs _____ Email _____ Name for Name Tag _____

3. _____ First name _____ Last name _____ Initials _____ Address if different from above, City, State/ Zip and Phone _____
Ministry/Other relevant experience _____ Dietary or other special needs _____ Email _____ Name for Name Tag _____

4. _____ First name _____ Last name _____ Initials _____ Address if different from above, City, State/ Zip and Phone _____
Ministry/Other relevant experience _____ Dietary or other special needs _____ Email _____ Name for Name Tag _____

Use reverse side/additional pages as necessary

Return to Christy Lytle by January 15, 2008
8th Day Center for Justice
205 W. Monroe, Suite #500, Chicago IL 60606-5062
312/641-5151; Fax 312/641-1250