



GLOBAL WOMEN CONNECTING

(Formerly World Christian Women's Fellowship)

2008 RETREAT REGISTRATION FORM

NAME: _____

ADDRESS: _____

COUNTRY: _____

PHONE: _____

EMAIL: _____

Expected date of arrival in Nashville: _____

Expected date of departure from Nashville: _____

Hotel where you will be staying _____

HEALTH: please list any health concerns we should be aware of during our time together: _____

PAYMENT METHOD: Money Order Cashier's Check
 Credit Card *Visa and MasterCard ONLY*

TYPE: Visa MasterCard

Card Number _____ Expiration Date _____

3 Digit Code on Back of Card _____

NAME as shown on face of card: (please print)

Billing Address (if different from above)

Country: _____

Remit by **June 15, 2008** to:

Adonna Bowman,
Office of Disciples Women
130 E. Washington Street
Indianapolis. IN 46204-3645 United States
Email: abowman@dhm.disciples.org
1-317-713-2665