

Lay Servant Ministries (LSM) Registration Form

Name _____

Mailing Address _____

City, State Zipcode _____

Phone Number _____

Email Address _____

Local Church _____

Course Title _____

Course Date _____

Please check if Online Course Classroom Course

Payment Amount Enclosed _____ **(payable to Atlanta Emory District)**

Please complete form and mail with payment to:

Atlanta Emory District

One Georgia Center

600 W. Peachtree Street NW, Suite 1500

Atlanta, GA 30308