

Three Ways to Register

-  Online at www.ChristianLeadershipAlliance.com
-  Fax it: (949) 487-0927
-  Mail it: CLA, P.O. Box 4090, San Clemente, CA 92674

Need More Forms?

-  Photocopy this form
-  Download a registration form from the CLA website, www.ChristianLeadershipAlliance.com

One name per registration form please. Make copies for additional guests.

First Name: _____ MI: _____ Last Name: _____


Nickname (for badge): _____ Title: _____

Organization (do not abbreviate): _____

Mailing Address: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____ Country: _____

Phone: () _____ Fax: () _____ Email: _____

This is my first CLA conference.  If you have a disability-related request, please call CLA at (949) 487-0900.

Register by October 31, 2008 to save!

Intensive Training Institutes

April 20, 2009

Monday 8:15 a.m.–4:30 p.m.

Indicate your ITI selection below:

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Undecided

Member/Spouse/Student

Non-Member

Postmark by Oct. 31, 2008	Postmark by Dec. 31, 2008	Postmark after Dec. 31, 2008	Your Fee
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\$159	\$189	\$209	
\$179	\$209	\$229	
			\$

Summits *No additional charge; see details on pages 11–13. Indicate your Summit selection below:*

- IT Summit Church Leaders Summit Fundraising Summit A Fundraising Summit B Fundraising Summit C

CLA Atlanta 2009: April 20–22, 2009

Monday 7:00 p.m.–Wednesday 9:00 p.m.

Includes: keynote sessions, workshops, exhibit hall admittance, and Wednesday dinner

Member

Non-Member

Spouse of Member/Student

\$525	\$575	\$650	
\$575	\$650	\$695	
\$245	\$245	\$245	\$

Additional Program Fee

Wednesday Women's Luncheon, 12:00 noon – 1:15 p.m., Pre-registration required.

\$25	\$
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TOTAL AMOUNT DUE: Choose check or credit card option below. Total amount must accompany registration form.

TOTAL \$

NOTE: 2009 Conference registration prices have been reduced. Includes Wednesday night dinner program ticket. Does not include any other meals.

NOTE: 2009 Conference ends with Wednesday night dinner program.

Two ways to pay (by check or credit card):

My check for \$_____ is enclosed (Make payable in U.S. funds to *Christian Leadership Alliance*.)

Charge my MasterCard VISA Credit Card # _____ / _____ / _____ Exp: _____ / _____ Security Code: _____

Name on credit card: _____ Phone: () _____

Credit card billing address, if different from above: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____ Country: _____

Cardholder signature: _____ Date: _____

Cancellations: In the event you need to cancel your registration, a refund (less \$100) will be given to all written or faxed requests received at CLA on or before March 1, 2009. After that date, we are unable to give refunds. However, you may transfer your fees to anyone who is able to attend in your place. Fees cannot be transferred to future CLA conferences.

Not a CLA Member?

Download, print and complete a membership application (found at www.ChristianLeadershipAlliance.com), and turn it in with this form.

Christian Leadership Alliance, P.O. Box 4090, San Clemente, CA 92674-4090
 (800) 727-4CLA, Phone: (949) 487-0900, Fax: (949) 487-0927
CLA@ChristianLeadershipAlliance.com



CHRISTIAN LEADERSHIP ALLIANCE™

Previously Christian Management Association and Christian Stewardship Association