

## REGISTRATION FOR CHANGE AGENTS 1-DAY SEMINARS '08

*Please complete one form for each delegate attending.  
Fax this form(s) and your proof of payment to Jean MacCallum at 086 695 5002,  
or email it to [jean@changeagents.co.za](mailto:jean@changeagents.co.za)  
No registration will be processed without proof of payment.  
Registrations close 1 week before each seminar.*

<b>Tick the seminar you are registering for:</b>	
West Rand (17 <sup>th</sup> May) _____	
Northern Suburbs (24 <sup>th</sup> May) _____	
Ekurheleni (31 <sup>st</sup> May) _____	
Soweto (7 <sup>th</sup> June) _____	
Tshwane (21 <sup>st</sup> June) _____	
First Name: _____ Surname: _____	
Gender: _____	Age: _____
Telephone: (_____) _____	Cell: _____
Email Address: _____	Fax: (_____) _____
Name of your Church/Organisation: _____	
Your Ministry Position: _____	
(Tick one on each line) Full-time _____ Part-time _____ Volunteer _____	
My years of experience: 0-1 _____ 2-3 _____ 4-7 _____ 7+ _____	
I work with: Children (ages 3-12) _____ Youth (ages 13-18) _____ Young Adults (ages 18+) _____	
Amount paid: R _____	Payment Method: _____
I, _____, hereby release the Change Agents leadership team and the venue where the seminar is held from liability for any injury, accident, illness, or property loss that may occur as a result of my participation in Change Agents 2008.	
_____	_____
Signature	Date

### Bank Details

**Bank:** ABSA

**Branch Code:** 632905

**Account Type:** Cheque

**Account No:** 4068363385

**Account Name:** Change Agents