

2013 PITTSBURGH PASTORAL CARE REGISTRATION FORM

Name _____

Organization/Church _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Please Choose: Session One _____ **A** _____ **B** _____ **C** _____ **D** _____ **E**

Session Two _____ **A** _____ **B** _____ **C** _____ **D** _____ **E**

Check One Lunch Choice _____ **Turkey Sandwich** _____ **Corned Beef Sandwich** _____ **Salad w/Vegetables**

_____ **\$45** Registration Includes Breakfast/Lunch (*prior to May 10th*)

_____ **\$60** Registration (*after May 10th*) _____ **\$25 Credits (circle)** CAC SW LPC LMFT

_____ **\$25** Students _____ **Total Enclosed**

Make checks payable to: The Oasis, 960 Penn Avenue, Suite 105, Pittsburgh, PA 15222

Online registration available at www.pghpc.org • **For more information, call The Oasis at** 412.281.8362 or go to www.pghpc.org