



## Level 1 Training Registration

**Session** \_\_\_\_\_

Date Training Session to Begin: \_\_\_\_\_ 20 \_\_\_\_

Scheduled location of Training Session: \_\_\_\_\_

**Registrant** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Phone (cell) \_\_\_\_\_ E-mail address \_\_\_\_\_

*(The following entries are necessary for group assignment purposes!)*

Marital status \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Occupation \_\_\_\_\_

Church \_\_\_\_\_

List any prior counseling training \_\_\_\_\_

\_\_\_\_\_

.....

Spouse (if registering):

Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Phone (work) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

*(The following entries are necessary for group assignment purposes!)*

Age \_\_\_\_\_ Gender \_\_\_\_\_ Occupation \_\_\_\_\_

List any prior counseling training \_\_\_\_\_

\_\_\_\_\_

**Payment** \_\_\_\_\_

I want to pay by check. *(You may also pay by credit card online using PayPal. Go to [www.lciministry.org](http://www.lciministry.org) and click on the "Level 1 Online Registration Form" button.)*

I want to pay the \$100 deposit only at this time. I will pay the remainder at registration.

I would like to pay the entire \$250 individual registration fee.

I would like to pay the entire \$400 couples registration fee. *(Both names included above)*

Amount enclosed \$ \_\_\_\_\_

***Make Checks Payable to:*** The Lay Counselor Institute

***Mail to:*** The Lay Counselor Institute  
11260 Roger Bacon Drive  
Suite 400  
Reston, VA 20190