PARTICIPANT CONTACT INFORMATION

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| Program:**Vibrant Faith Coaching Training**  | **October 6-10, 2019 Collegeville, Minnesota** |
| Legal Last Name ***(as it appears on your travel documents. Needed for airline ticketing)***  | Legal First Name ***(as it appears on your travel documents. Needed for airline ticketing)***  | Prefix/Suffix |
| Preferred First Name | Hub Name |
| Street Address |
| City | State | Zip |
| Email Address | Home Phone | Work Phone | Cell Phone |
| US Citizen:\* Yes or No  | If no, citizen of what country\*  | DOB  | Legal Gender ***(For airline ticketing)*** |
| Name any dietary restrictions or special needs you may have:  | Name any physical restrictions or special needs you may have:  |
| Flight Departure City and State *(our travel agent will schedule your flight both directions from/to this city. If there is more than one airport in the city, please specify your preference. You will be notified of your tentative travel plans prior to confirmation*): CITY: STATE: AIRPORT: SPECIAL NOTES:  |
| EMERGENCY CONTACT INFORMATION (Include name, relationship to person, phone number, and address) |
| PHOTO CONSENTI give the Collegeville Institute permission to use photographs of me and/or my family members for possible inclusion in the Collegeville Institute website and/or written publications. I grant the right to Collegeville Institute to crop or adjust such photographs at their discretion, and to incorporate such photographs into any or all of their websites or written materials, including, but not limited to, brochures, newsletters, pamphlets, and magazine advertisements. An “X” in the signature line denotes your consent for purposes of electronic transfer.Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_ |

\*optional Rev. 4/3/19