KAIROS REGISTRATION FORM

MAIL TO

KAIROS, Luther Seminary
2481 Como Avenue, St. Paul, MN 55108

QUESTIONS

- KAIROS 651-641-3416 or kairos@luthersem.edu
- You may also register online:
  www.luthersem.edu/lifelonglearning/

_____
Name of seminar/event

_____
Date of seminar/event

I am enrolling in this course for credit.

☐ DMin ☐ MA/MDiv

Note: Turn in completed independent study form with instructor's signature to registrar's office for credit.

_____
Full Name ☐ Clergy ☐ Rostered Lay ☐ Lay

_____
Name you prefer on your nametag

_____
Address

_____
City State Zip

_____
Office Phone Home Phone

_____
E-mail

_____
Congregation

☐ My tuition payment is enclosed (payable to KAIROS, participant's name and course date on check)

CHARGE TO

☐ Mastercard ☐ Visa

_____
Card # Exp. Date

_____
Signature

TO MAKE HOUSING RESERVATIONS

- Stub Hall head resident, 651-641-3351 or stubhr@luthersem.edu

OFFICE USE ONLY

Amount_____ Date_____

Confirmation_____