



INSTITUTE FOR THE SUPPORT OF PASTORAL MINISTRIES
Pastoral Care and Counseling
Consultation Group
Registration Form 2011-2012

My Personal Information

Name _____

Address _____

City/State/Zip _____

Phone (day) _____ (evening) _____

Email _____

Denomination _____

Current ministry _____

Degrees beyond B.A./B.S. _____

Do you have particular hopes/expectations for this experience that you would like to identify? _____

Please indicate your work context for a consultation group:

working primarily in specialized
pastoral care setting (e.g. chaplain)

working primarily in
congregational setting

Pastoral Care Consultation Groups:

- The groups will be facilitated by Christie C. Neuger.
- The groups will meet once a month for ten months, September – June or January – October.
- Meetings will be scheduled in four-hour blocks to fit the needs of participants.
- Any costs with recommended readings are not included in the class fee.
- Cost of the ten-month consultation group is \$500.00 per person.

Amount enclosed \$ _____

Make checks payable to United Theological Seminary.

_____ Visa _____ MasterCard

Number _____ - _____ - _____ - _____

Expiration date _____/_____/_____

Signature _____

Please print your name as it appears on the card.

Please return completed form to:

Deb Olsen
 3000 Fifth Street Northwest
 New Brighton, MN 55112-2598
 deolsen@unitedseminary.edu

Please direct questions to:

Christie C. Neuger
 651.255.6150
 cneuger@unitedseminary.edu