



ADVANCED KAIROS TRAINING REGISTRATION FORM

*After contacting the Advanced Kairos Training Contact Person, all attendees must complete and mail to Contact Person. Please do NOT include a personal check. If you would like to make a tax deductible donation to your local Advisory Council, then please do so. However the AKT is paid by your local state. All registration forms to be in hands of AKT Coordinator Two Fridays prior to the Friday of training at 4:00 pm EST. **Participants must be in attendance for the entire 3 day training to receive credit for Advanced Kairos Training. Be sure and bring your Program Manual to training, as no manuals will be available!***

DO NOT SEND THIS APPLICATION TO THE KAIROS INTERNATIONAL OFFICE

Circle Appropriate Ministry: Kairos Inside / Kairos Outside / Kairos Torch

Training Location /Date: _____

PARTICIPANT'S INFORMATION:

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONES: _____
Home Work Cell

EMAIL: _____

EXPERIENCE – Circle one: Kairos Inside / Kairos Outside / Kairos Torch

Location(s) _____

Date(s) _____

REASON FOR ATTENDING (please choose one):

1. ___ Upcoming Leader - State _____ AC Name _____
Weekend # _____ (If a #1, you must have previously contacted the prospective Program Coordinator).

Date _____ (should be no more than 24 months from this training date)

2. ___ Advisory Council Member – Name of AC _____ / State _____

3. ___ Observing Leader – State _____ AC name _____

4. ___ Other _____

LODGING: _____ **Commuter:** _____ **Single Room:** _____ **Double Room:** _____

SPECIAL NEEDS: (Dietary and/or Sleeping Arrangements)

FLIGHT ARRIVAL & DEPARTURE INFORMATION (when applicable)
