



# E- Seminary Registration Form

## Student Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *Title*

Address: \_\_\_\_\_  
*Street Address* *Apartment #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone (cell or work): ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Canonical Status:  Ordained  Non-ordained  In Formation

Your church: \_\_\_\_\_ Your church city: \_\_\_\_\_

City where you hope to attend classes: \_\_\_\_\_

## Classes Registration

Title of class: \_\_\_\_\_ CE Credit requested for this class:  No  Yes (application attached)

Start Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

Title of class: \_\_\_\_\_ CE Credit requested for this class:  No  Yes (application attached)

Start Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

Title of class: \_\_\_\_\_ CE Credit requested for this class:  No  Yes (application attached)

Start Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

## Fee Information

Number of Classes: \_\_\_\_\_ Times \$250.00 = \_\_\_\_\_

Plus OPTIONAL "Letter of Certification of CEUs" (\$25.00 Processing Fee) \_\_\_\_\_

Less Scholarship Applied for: - \_\_\_\_\_

**Total Fees Due: \$ \_\_\_\_\_**

Mail form and fees to:

**Episcopal Diocese of Iowa**  
225 37<sup>th</sup> Street  
Des Moines, Iowa 50312-4305

**Questions:** 515-277-6165 or on the website:  
<http://www.iowaepiscopal.org/resources/e-seminary.php>

### Payment Method

Check Attached

Credit Card Number \_\_\_\_\_

Name or Credit Card \_\_\_\_\_

Credit Card Expiration date \_\_\_\_\_

Billing address if different from above: \_\_\_\_\_