

Registration Form

The Cleveland Ecumenical Institute | 2747 Fairmount Boulevard | Cleveland Heights OH 44106-3696

I would like to register for the following course(s): Box lunch (if applicable) Yes____ No____

Course Title(s): _____

Name: _____ Phone: () _____

Address: _____
(street, city, zip)

Email: _____ Phone: _____

Congregation Name: _____ Denomination: _____

Amount Enclosed: _____

Make checks payable to CEIRS.

Please note: The cost of text books is not included in the registration fee. Deadline for registrations is one week prior to the date the course begins. Scholarship aid is available for courses and special events.

For questions or further information contact Bernadette LaGuardia at 216 - 283 - 1507 or send an email with your questions to bernlag AT gmail.com