

**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 send an email to [CEIRS2000@gmail.com](mailto:CEIRS2000@gmail.com) with your questions or phone 216-346-1683.