



## ADVANCED KAIROS TRAINING REGISTRATION FORM

*Please complete and send to the AKT Contact Person listed at [www.mykairos.org](http://www.mykairos.org) Please do NOT include a personal check. If you would like to make a tax deductible donation to your local Advisory Council to offset the cost, then please do so. However the AKT registration 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: \_\_\_\_\_

### REASON FOR ATTENDING:

Please complete information for both if you are an upcoming Observing Leader and Leader. If this is a #1 weekend, you must have previously contacted the prospective program coordinator.

- 1a. **Observing Leader 2** (*Kairos Outside only*) - Weekend # \_\_\_\_\_ Dates: \_\_\_\_\_  
State \_\_\_\_\_ AC Name \_\_\_\_\_
- 1b. **Observing Leader** – Weekend # \_\_\_\_\_ Dates \_\_\_\_\_  
State: \_\_\_\_\_ AC Name: \_\_\_\_\_
- 1c. **Leader** – Weekend # \_\_\_\_\_ Dates \_\_\_\_\_  
State: \_\_\_\_\_ AC Name: \_\_\_\_\_

***Dates for Leader should be no more the 24 months from the training date***

2. **Advisory Council Member** – State \_\_\_\_\_ AC Name \_\_\_\_\_

3. **Other** \_\_\_\_\_

**LODGING:** Commuter  Single Room  Double Room

**SPECIAL NEEDS:** (Dietary and/or Sleeping Arrangements)  
\_\_\_\_\_

**FLIGHT ARRIVAL INFO** (if applicable) \_\_\_\_\_

**FLIGHT DEPARTURE INFO** (if applicable) \_\_\_\_\_