



October 24, 2009
First Reformed Church, New Brunswick, NJ

Registration

Name(s) _____

(for more than two registrations,
please attach a separate sheet.)

Address _____

Phone _____

Email _____

Registration fee: \$20.00 per person
Including lunch.
(fee waived for students and faculty)

Total amount Due _____

Please enclose a check made payable to:
Reformed Church Center

and mail it to: Reformed Church Center
New Brunswick Seminary
17 Seminary Place
New Brunswick, NJ 08901