Stephen Olford Center at Union University
Distance Learning Program
Group

Name: ___________________________ Date: ___________________________

Address: ___________________________ State: ___________ ZIP: ___________

City: ___________________________ State: ___________ ZIP: ___________

Day Phone: ___________________________ Night phone: ___________________________

Preferred Email: __________________________________________________________

Church Affiliation: _________________________________________________________

Courses offerings:

<table>
<thead>
<tr>
<th>Course Description</th>
<th>Site Licenses</th>
<th>Student fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Essential of Expository Preaching</td>
<td>$350</td>
<td>$30</td>
</tr>
<tr>
<td>Strengthening Expository Preaching</td>
<td>$350</td>
<td>$30</td>
</tr>
<tr>
<td>Preaching and Teaching for Spiritual Growth</td>
<td>$350</td>
<td>$30</td>
</tr>
<tr>
<td>Evangelistic Expository Preaching</td>
<td>$350</td>
<td>$30</td>
</tr>
<tr>
<td>Dynamic of the Church: It Life and Ministry</td>
<td>$350</td>
<td>$30</td>
</tr>
<tr>
<td>The Essentials of Biblical Leadership</td>
<td>$350</td>
<td>$30</td>
</tr>
<tr>
<td>Church Conflict Only 12 Units</td>
<td>$190</td>
<td>$15</td>
</tr>
</tbody>
</table>

Payment Amount: ______________________________________

1. ___ Cash or check payment: Payable to the Stephen Olford Center

2. ___ Credit card payment: Visa____ MasterCard______ AmEx______Discover______
   Card Number______________________________________________
   Exp Date ___________ VIN________________
   Name as it appears on card________________________________

Return this registration form in one of three ways:
1. US Mail: Roberta Hoppe, Union University, 4000 Riverdale Rd., Memphis, TN 38115
2. Return in person to: Roberta Hoppe at the Stephen Olford center put it in the drop box if office is closed.
3. Fax: to 901-757-1372 Attention: Roberta Hoppe
4. Email: to Roberta Hoppe at rhoppe@uu.edu

Class to be completed in 3 months
Please sign and date below to complete your registration.

By signing and processing this form, I understand I am incurring a debt for which I am responsible.
I further understand that upon withdrawal, I will be responsible for a prorated withdrawal fee charge.

Student Signature: ___________________________________________ Date: _______________