



## Joint Meeting Attendee Form

Send Attendee Form along with Payment Form  
to the CNH District Office by 9/18/18

Name of School: \_\_\_\_\_

School City: \_\_\_\_\_

Attendees Name:

Title:

(DCE, EC Director, Principal, Pastor)

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*If you want to sit with your staff, please return this form by 9/18/18*

**We know that we live in Christ  
and He in us, because He has given  
us of His Spirit.**

1 John 4:13