



**2019 REGISTRATION FORM FOR TCN CERTIFICATION**

**CERTIFICATION SEMINAR  
DALLAS BAPTIST UNIVERSITY CERTIFICATION CENTER  
JUNE 10-14 & 17-21, 2019**

NAME \_\_\_\_\_  
(to be used on the certificate) LAST FIRST MIDDLE

NAME FOR NAME TAG \_\_\_\_\_

NAME OF CHURCH \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

PHONE (BUSINESS) \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

PHONE (HOME) \_\_\_\_\_

JOB TITLE \_\_\_\_\_  
\_\_\_\_\_ FULL TIME POSITION \_\_\_\_\_ PART TIME POSITION

HAVE YOU ATTENDED SEMINAR I \_\_\_ YES \_\_\_ NO SEMINAR II \_\_\_ YES \_\_\_ NO  
IF YES, WHICH CERTIFICATION CENTER DID YOU ATTEND? \_\_\_\_\_

ARE YOU A MEMBER OF THE TCN? \_\_\_ YES \_\_\_ NO

\_\_\_ I AM ENCLOSING A CHECK FOR \$675.00 FOR THE SEMINAR FEE FOR BOTH WEEKS

\_\_\_ I AM ENCLOSING A CHECK FOR \$375.00 FOR WEEK 1 \_\_\_ OR WEEK 2 \_\_\_ (check one)

MAKE CHECK PAYABLE TO: The Church Network  
Notation on Check: DBU Certification Center

MAIL TO: Terry D. Bertrand, CCA  
2016 W. Bardin Road  
Arlington, TX 76017

For more information, email Dr. Bertrand at: [terrybertrand42@gmail.com](mailto:terrybertrand42@gmail.com) or call 817-944-0316