



2022 REGISTRATION FORM FOR TCN CERTIFICATION

**CERTIFICATION SEMINAR
DALLAS BAPTIST UNIVERSITY CERTIFICATION CENTER
JUNE 6-10 & 13-17, 2022**

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 \$700.00 FOR THE SEMINAR FEE FOR BOTH WEEKS

___ I AM ENCLOSING A CHECK FOR \$400.00 FOR WEEK 1 ___ OR WEEK 2 ___ (check one)

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

MAIL TO: Tammy Mirau
The Church Network
12655 N Central Expy Ste 950
Dallas, TX 75243-3811

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