

2023 In-Service
For Professional Workers
School Payment Form



CNH DISTRICT

CALIFORNIA NEVADA HAWAII

LUTHERAN CHURCH MISSOURI SYNOD

School Name: _____

School City: _____

Administrator: _____

Administrator Email: _____

Number Attending: _____ @\$65.00 per person.

Amount enclosed \$ _____

Number of teachers with Dietary Restrictions: _____

Make check payable to: CNH District

Mail Registration Form, Payment Form and Check to:

CNH District – Office of Education
2772 Constitution Drive, Suite A
Livermore, CA 94551

Account 21130-002
In-Service 03/24/2023