HR Program Registration Form

Your Church Name and contact person.

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| --- |
| Church Name: |
| Contact Person (person responsible for HR at your organization): |

|  |  |
| --- | --- |
| Number of Part Time and Full Time Church Staff/Employees |  |

|  |  |
| --- | --- |
| Please indicate 6-month cost based on employee numbers *(see chart above)* | $ |

