

KAIROS Prison Ministry Intl – Georgia Chapter

AKT TRAINING REGISTRATION VOUCHER

(For Georgia Volunteers attending AKT's in Georgia)

Location of Training _____

Dates of Training _____

Name of Attendee _____

Street Address _____

City, State, Zip _____

Cost of Registration: \$ _____

- ❖ Please complete this form and attach AKT registration and send both documents to your Advisory Council Chair for approval.
- ❖ Registration cost should be for Double occupancy only. If the attendee wishes to have a single room, they must pay the additional cost involved. (Suggestion: The additional cost can be given to the Advisory Council as a donation). No personal checks or cash will be accepted for AKT registration fees.

Approval Signature _____

Advisory Council Chairperson

Name of Advisory Council (PRISON or KO)

Phone # _____

Lillian Robinson, Georgia AKT Coordinator
8608 Cedar Creek Ridge
Riverdale, GA 30274
Email: akt@kairosgeorgia.org