

First Call Theological Education—Region 6 Event :

Who you *are* is how you'll *lead*



Pastor Dick Brueshoff serves as Outreach Coordinator with the ELCA Board of Pensions. His work includes expanding and strengthening the network of partners and participants within the ELCA and other faith-based communities to convey and clarify the message of whole person well-being and lifelong learning. He is a founding member and part of the leadership team of the Grace Institute for Spiritual Formation, a two-year faith formation program. He has completed the Shalem Institute Spiritual Guidance Program, and currently does regular retreat leadership and spiritual direction. Dick previously served as Director for Lifelong Learning of the ELCA, Assistant to the Bishop in the Northwest Synod of Wisconsin where he helped start the synod's Lay School of Ministry, pastor of Immanuel Lutheran Church (Clayton, WI), Trinity Lutheran Church (Appleton, WI) and on the staff of the Wisconsin Council of Churches. Dick is co-author of two books, *Clergy Renewal: The Alban Sabbatical Planning Guide* (Alban Institute) and *Pastor and People: Making Mutual Ministry Work* (Augsburg Fortress). He and his spouse Naomi are the parents of two adult children.

April 22-24, 2012

Single: \$265 (space limited, first registered-first served)

Double: \$200

Registration includes 2 breakfasts, one lunch and one dinner, and the completion of a leadership inventory.

Dinner April 22 on own.

We will end our time together by noon April 24

Check in begins at 4 p.m.

REGISTRATION DEADLINE: FRIDAY ,
March 8, fee included

Potawatomi Inn

6 Lane 100A Lake James
Angola, IN 46703
260-833-1077

Website: <http://www.in.gov/dnr/parklake/inns/potawatomi/index.html>

REGISTRATION

(due to the synod office by March 8, 2012)

Name _____

Address _____ City _____ State _____

Zip _____ Phone _____ Email _____

Congregation/Ministry _____ Year ord/comm/consecrated _____

Single (\$265) _____

Double (\$200) _____ Roommate Request _____

Amount Enclosed _____

Make checks payable to your synod.

Mobility or dietary needs:

For Synod Only:

Date received in Synod Office _____

Amount Received _____

Check # _____