

# SPIRITUAL DIRECTION RETREAT REGISTRATION



FOUNDER PROGRAM

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REQUEST INFO



May 3rd Spiritual Direction Retreat from 9am-12:30pm.

## SPIRITUAL DIRECTION RETREAT REGISTRATION

\* Full Name:

\* Preferred Name:

\* E-mail:

\* Phone Number:

\* I plan to attend the May 3rd Vocational Discernment Retreat from 9am-12:30pm:

☐ Yes

☐ No

**I AM PREVENTED FROM ATTENDING FOR THE FOLLOWING REASONS (CHECK ALL THAT APPLY):**

☐ Not available on Friday Mornings

☐ The time is inconvenient

☐ I struggle with

☐ I am too busy

☐ I am too far away

☐ Other:

\* Meals will accommodate Vegetarian, Dairy Free, Shellfish allergy restrictions and nut containing foods will be clearly identified. Do you have any dietary restrictions outside of these listed here?

\* Please share just a brief sentence about your experience with spiritual direction:

\* Please share one hope that you have for the time on Friday the 3rd:

\* Please share any accommodations that you might need to be fully present on the 3rd:

SUBMIT

\* *required*

Pittsburgh Theological Seminary  
616 North Highland Avenue  
Pittsburgh, PA 15206  
Phone: 412-362-5610



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