



## Be Still and Know...

CP Women's Conference

July 24-26, 2008

Brenthaven Cumberland Presbyterian Church

Brentwood, Tennessee

*God is our refuge and strength, a very present help in trouble. Therefore we will not fear, though the earth should change, though the mountains shake in the heart of the sea; though its waters roar and foam, though the mountains tremble with its tumult.*

*Be still, and know that I am God!*

*I am exalted among the nations, I am exalted in the earth."*

Psalm 46:1-3, 10

**Come on this spiritual journey of renewal and find  
nourishment for your soul.**

**Activities include:**

**Plenary Sessions**

**Worship**

**Music**

**Small Groups and Experiential Learning**

**Fellowship**

**Celebrations**

**Bible Study**

Invited Leaders include: Rev. Tiffany McClung (Savannah, TN), Rev. Carol Scrivener (Jackson, TN), Sybil MacBeth (Memphis, TN and author of Praying in Color), Ola Otto (member of Grace United Methodist Church in Huntsville, AL), Rev. Cardelia Howell Diamond (co-pastor, Virtue CPC, Lenoir City, TN) and several others

**RELAX and RETREAT**

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**REGISTRATION**

\$90 by June 30, 2008  
\$100 after June 30, 2008

Registration costs include Conference Fee, 3 meals and a “goodie bag”. If registering a group of 8 or more from the same church, cost is discounted \$10 each! A full refund will be available 30 days prior to conference.

**ACCOMMODATIONS**

- 1) Sleep Inn Cool Springs - Rate \$62.99 (1611 Galleria Blvd., Brentwood, Phone#615.376.2122)
- 2) Baymont Inn - Rate \$84.42 (111 Penn Warren Dr., Brentwood, Phone# 615.376.4666)
- 3) Wingate Inn - Rate \$116.08 (1738 Carothers Pkwy., Brentwood, Phone# 615.277.8700)
- 4) Hampton Inn - Rate \$127.62 (5630 Franklin Pike Cr., Brentwood, Phone# 615.373.2212)

*Be sure to mention that you are booking with “Cumberland Presbyterian Women”*

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Name \_\_\_\_\_  
(Print your name exactly the way you would like to see it on your name tag)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Church Name \_\_\_\_\_

City/State \_\_\_\_\_

Indicate any special needs - dietary, physical or medical \_\_\_\_\_

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Indicate Workshop Preferences - Circle 3 choices (see attached Schedule):

#1            #2            #3            #4            #5            #6

Return the completed form with a check made out to Board of Missions to the following address:  
Board of Missions  
1978 Union Avenue  
Memphis, TN 38104