



## ***Kansas City Table Talk - Sunday, April 25, 2010***

### **A unique program of dinner and dialogue...**

**Our goal** is to make Kansas City a better community by bringing people of different faith backgrounds and cultures together in a social setting where they can share their thoughts, experiences and questions about the various faith traditions and cultures in Greater Kansas City. **Eight to ten people gather for dinner and conversation** on the topic of the impact of faith traditions and cultural differences on their lives. A trained facilitator paces the evening and ensures that everyone has an opportunity to be heard. Guests will be assigned with the goal of a diverse dinner party.



### **What you can expect:**

**As a guest :** Attend a dinner at an assigned home and listen respectfully, with an open mind and be willing to participate in the spirit of the event

**As a host:** Provide a simple dinner for 6-10 guests in your home and participate with the guests

**As a facilitator:** Participate in advance training for event on Tuesday, April 6, or Sunday, April 11 and keep the dinner discussion moving and on topic.

***Come as strangers, leave as friends.***



**Please complete and mail the registration form (see below) to either:**

**Table Talk**  
Greater Kansas City Interfaith Council  
P. O. Box 415  
Louisburg, Kansas 66053

**Table Talk**  
Cultural Crossroads, Inc.  
3605 Blue Ridge Boulevard  
Independence, MO 64052

**OR email to [culturalcrossroads@hotmail.com](mailto:culturalcrossroads@hotmail.com)**

**If you have any questions, contact either:**

Shannon Clark – Greater KC Interfaith Council  
Phone: 913-548-2973  
Email: [shannon@kcinterfaith.com](mailto:shannon@kcinterfaith.com)  
Website: [www.kcinterfaith.org](http://www.kcinterfaith.org)

Mary McCoy – Cultural Crossroads  
Phone: 816-737-5979  
Email: [culturalcrossroads@hotmail.com](mailto:culturalcrossroads@hotmail.com)  
Website: [www.culturalcrossroads-kc.org](http://www.culturalcrossroads-kc.org)

# ***TABLE TALK REGISTRATION FORM***

Reservations will be accepted from February 20th to April 5 2010.

YOUR NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Religious preference: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_

Special considerations (*accessibility, diet, allergies, etc.*):

\_\_\_\_\_

Registering as  Guest  Facilitator  Host -- If host, number of guests you can comfortably accommodate, including yourself:  6  8  10

SPOUSE/GUEST NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Religious preference: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_

Special considerations (*accessibility, diet, allergies, etc.*):

\_\_\_\_\_