

REGISTRATION FORM

Please Complete One Form Per Person [PLEASE PRINT]

Dr. Rev. Mr. Mrs. Ms. Miss

Name: _____
Last First

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: (Area Code) _____ — _____

Church: _____ City: _____

E-mail: _____

I have special menu needs: _____

I am registering as a: Clergy
 Delegate
 Guest

If you are a delegate from your church, please have this section properly signed. The person named above was duly elected or appointed to represent the ~

Name of Church

Signed: _____

By: Pastor Church Clerk

Registration Fee ~ \$130 (which includes Annual Gathering Registration for entire event as well as Tuesday lunch, dinner, Wednesday Continental Breakfast & Lunch.

After completing this registration form, make a check for the total amount payable to: ABC of Ohio; and mail both the form and check to: **ABC/Ohio c/o Leslie Hoskinson 136 North Galway Drive, Granville, OH 43023-9577.**

Registration Deadline: September 30, 2017. Cancellations must be in the hands of the registrar (Leslie Hoskinson) by September 30, 2017.

For Office Use Only: (Do Not Write in this Box)

Reg. Rec'd: _____ Check #: _____ Check Amt.: _____

Over Pmt: _____ Under Pmt: _____ Date Paid: _____

Comments: _____

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