

## 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 27, 2019. Cancellations must be in the hands of the registrar (Leslie Hoskinson) by September 27, 2019.**

**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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