

ANNUAL SESSION REGISTRATION FORM



Please complete all fields to reserve your place.

1. PERSONAL DETAILS

FULL NAME _____
MINISTRY _____
CHURCH _____
EMAIL _____
PHONE _____

2. ATTENDANCE DETAILS

Conference Name _____

REGISTRATION ☐ LAYMEN ☐ WOMEN ☐ CONGRESS ☐ YOUTH ☐ MINISTER'S WIVES

Pastor's
Alternative
Teacher
Certification
\$175

Please list the sessions or workshops you wish to attend (if applicable).

3. SPECIAL REQUESTS

Dietary Needs: _____

Accessibility Needs: _____

4. CONSENT FOR YOUTH

I agree that the information provided above is accurate, and consent to the processing of my data for the purpose of conference registration and related communications.

Signature: _____

Date: _____

THANK YOU! WE LOOK FORWARD TO WELCOMING YOU!