

Registration

Please make copies to register additional church guests.

(PLEASE PRINT)

Your Name _____

Name of spouse (if attending) _____

Address _____

Phone _____

E-mail _____

Church Name _____

Church City/State _____

I will be attending as:

Church Delegate Guest

My spouse will be:

Church Delegate Guest

I would like to reserve a table for display.

Table size needed _____ Elec. Needed _____

CONFERENCE	PER PERSON	NUMBER ATTENDING	TOTAL
Registration Fee:	\$25.00	X _____	= \$ _____
Meal Package:	\$25.00	X _____	= \$ _____
Total Amount Due:			+ \$ _____

Make checks payable to: "Allegheny District"

MEAL RESERVATIONS:

- No. expected for Friday Lunch _____
- No. expected for Friday Supper _____
- No. expected for Saturday Lunch _____

Registration deadline is April 2nd



MAIL REGISTRATION FORM AND PAYMENT TO::

Allegheny District Conference

c/o Kathy Dysart
6307 Helen St.
South Park, PA 15129

Additional brochures & registration forms may be downloaded at www.alleghenydistrict.com/news

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