NINETY-THIRD ANNUAL SESSION
REGISTRATION FORM & DELEGATES REPORT

Church: _____

Address: _____

_____
    (city)   (state)   (zip code)

Telephone Number: _____   Fax Number: _____

Email Address: _____

Website Address: _____

Pastor or Executive Leader: _____

Address: _____

_____
    (city)   (state)   (zip code)

Telephone Number: _____   Email Address: _____

Church Membership Number	
Sunday School Enrollment	

The Representation Fee pays for the Pastor and Two Delegates. The fee for additional Delegates is $25.00 per person. Please list each delegate's name and contact information below:

Delegate's Name	Mailing Address	Telephone Number	Email Address
	_____		
	_____		
	_____		
	_____		
	_____		