

MINISTER'S INSTITUTE REGISTRATION FORM FOR CREDENTIAL HOLDERS AND SPOUSES

HOLIDAY INN-PORTLAND WEST, 81 RIVERSIDE ST., PORTLAND, ME
FEBRUARY 8-10, 2010

Please send in the form even if you do not need lodging.

NAME _____
SPOUSE _____
ADDRESS _____
EMAIL _____

PLEASE CHECK ONE:

\$71.00 _____ Lodging one night only: _____ Monday _____ Tuesday
\$142.00 _____ Lodging two nights
\$213.00 _____ Indicate additional night: _____ Sunday _____ Wednesday
_____ No lodging but are attending

**All registrations and full payments must be postmarked
no later than January 26, 2010.**

Total Enclosed: \$ _____

Signature: _____

ALL RESERVATIONS MUST BE HANDLED THROUGH THE DISTRICT OFFICE.
ATTN: Jeanne Randall
Northern New England District
P O Box 611
Portland, ME 04104-0611

Phone: 207-878-2777 Fax 207-878-2779 Email: nnedjr@maine.rr.com

CREDIT CARD INFORMATION

Personal information please print clearly:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: _____

Email: _____

Method of Payment

- Check (Payable NNED)
 Personal Card Church or Corporate Card
 VISA \$ _____
 MasterCard Amount charged

If you are using your charge card,
we must have the billing zip code. _____
Billing zip code

Name on Credit Card _____

Credit Card # _____ Card Exp Date _____

Signature _____

**GUEST SPEAKER:
DR. GEORGE WOOD
GENERAL
SUPERINTENDENT**

