



2017 SPRING CONFERENCE *Mail-In/Fax* REGISTRATION FORM

Church Name: _____

Church City & State: _____

Contact Person: _____

Address: _____

Phone Number: _____ Email: _____

Please *clearly print* of list names and addresses of those attending the conference.

NAME

ADDRESS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Use the back of this form for any additional names.

CHOOSE CONFERENCE INDICATING HOW MANY LADIES ARE ATTENDING FROM YOUR GROUP:

- _____ March 18 Connect Community Church, Portsmouth, NHdeadline *FEBRUARY 27*
- _____ March 25 Lebanon, Assembly of God, Lebanon, NHdeadline *MARCH 6*
- _____ April 1 Church of the Rock, St. Albans, VTdeadline *MARCH 13*
- _____ April 8 Windham AG Ministries, Windham, ME deadline *MARCH 20*
- _____ April 29 Calvary Temple, East Millinocket, ME deadline *APRIL 10*

NUMBER OF LADIES AT \$20.00 EACH _____ (includes lunch) \$ _____ ENCLOSED

Registration fees are non-refundable but transferable *only within your church group* and not to other conferences.

After the deadline dates, walk-in's are gladly welcomed!
Walk-in fee is \$25 per person with lunch subject to availability.

Name: (as appears on credit card) _____

Credit Card: Discover MasterCard Visa Phone _____

Card Number: _____ - _____ - _____ - _____ Amount \$ _____

Card Expiration Date: ____ / ____ Credit Card billing zip code _____

Signature: _____ Date: ____ / ____ / ____

Make checks payable to NNED and mail to:

NNED - RWRL
 SPRING CONFERENCE
 501 RIVERSIDE STREET
 PORTLAND, ME 04103