

Red 2018 SPRING CONFERENCE Mail-In/Fax REGISTRATION FORM

Church Nam	ne:			
	?LY print names and a			
NAME		ADDRESS	S	
1.				
2				
J				
4				
5				
6.				
7				
/				
8				
9				
10.				
Use the bac	k of this form for any	additional names		
Mar Mar Apri	ch 17 Lebanon Assoch 24 Centerpoint Connect Comil14 Church of the	embly of God, Leb Community Church Imunity Church, P Rock, St. Albans	oanon, NH h, Waterville, M Portsmouth, NH. s, VT	ENDING FROM YOUR GROUP: deadline FEBRUARY 26 Edeadline MARCH 5 deadline MARCH 19 deadline MARCH 26 deadline APRIL 9
NUMBER	OF LADIES AT \$20.0	0 EACH	(includes lunc	h) \$ ENCLOSED
	ot to other conferenc		dline dates, walk	within your church group k-in's are gladly welcomed! t to availability.
Name: (as appe	ears on credit card)		_	·
Credit Card: Dis	scover MasterCard	Visa 🗖 Phone		Make checks payable to NNED and mail to:
Card Number: _		Amc	ount \$	NNED - RWRL
Card Expiration Date:/ Credit Card billing zip code				SPRING CONFERENCE 501 RIVERSIDE STREET

PORTLAND, ME 04103

Please CLEARLY print names and addresses of those attending the conference.

NAME ADDRESS 11._____ 13. 17._____ 18._____ 19.____ 20._____ 22. _____ 23. 24._____ 27._____ 28._____ 29._____