



If a group from your church or organization will be attending our conference, feel free to use this group registration sheet!

Register your group by returning this form with your check (made payable to Mission Mid-Atlantic) to: *Mission Mid-Atlantic, P.O. Box 345, Clayton, NJ 08312*. Please be sure your check includes a registration fee for each participant whose name appears below.

Cost: \$30.00 per person (includes box lunch).
 After April 5th: \$35.00 per person.



Church: _____

Address: _____

Contact Person: _____

Email: _____ Phone: _____

1) Name: _____

Email: _____ Phone: _____

2) Name: _____

Email: _____ Phone: _____

3) Name: _____

Email: _____ Phone: _____

4) Name: _____

Email: _____ Phone: _____

5) Name: _____

Email: _____ Phone: _____

6) Name: _____

Email: _____ Phone: _____

7) Name: _____

Email: _____ Phone: _____

8) Name: _____

Email: _____ Phone: _____

Registrations Included = _____ x (\$30) / (\$35) = \$ _____

MISSION MID-ATLANTIC OFFICE USE ONLY:

DATE: _____ CK NO: _____