



REGISTRATION FORM

Please use one form for each person registering

Registration Fees: \$45.00 by 9/9, \$50 after 9/9, \$60 at the Door

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Email _____

Name of Church _____ City _____

- My church will donate a Door Prize
- My church will donate a Basket of Blessing for the "House of Cherith" Silent Auction (see guidelines)
- I am interested in having a Vendor space at the conference for \$25/space (complete Vendor Form)

Conference Fee paid with this form: \$_____

Method of Payment: Check # _____ Cash
Checks should be made payable to: Midlands Region Church of God

Return form and payments to:
Church of God Regional Office
4417 N. 156th Avenue Circle • Omaha, NE 68116
OR register online with CC payment: www.midlandscog.org (preferred method)

For more Information
Email cogmidlands@gmail.com | Phone 402.330.4744 | Website www.midlandscog.org
Forms and info available on the Women's Ministries page of our website

FOR OFFICE USE ONLY		
Date Received	____/____/____	Amount _____ Cash or Check # _____