



## Conference Print Registration

Please fill in the form below. We'll contact you as soon as possible:

### Full Name:

*First Name*

*Last Name*

- Deaf
- Deaf-Blind or Low-Vision Missionary
- Missionary
- Interpreter
- Pastor
- Lay Minister

- Hearing
- Jr. SBCD
- Spouse of Missionary
- Sunday school Teacher
- Spouse of Pastor
- Deacon/Elder

### Marital status:

- Married
- Single
- Widow

### Gender:

- Male
- Female

### Address:

*Street Address*

*Street Address Line 2*

*City*

*State/Province*

*Postal/ Zip Code*

*Country*

### Phone Number:

Check:  VP  VOICE  BOTH  TEXT

**Your Church Name:**

**Address:**

*Street Address*

*Street Address Line 2*

*City*

*State/Province*

*Postal/ Zip Code*

*Country*

**Pastor Name:**

*First Name*

*Last Name*

**Pastor's Phone Number:**

**Check:**

VP  VOICE  BOTH  TEXT

**E-Mail Address:**

**First time to attend this conference?**

**Yes**

**No**

**Visitor:**

**Yes**

**No**

# Family

Husband

Wife

**Name:**

*First*

*Last*

- Deaf
- Deaf-Blind or Low-Vision Missionary
- Missionary
- Interpreter
- Pastor
- Lay Minister

- Hearing
- Jr. SBCD
- Spouse of Missionary
- Sunday school Teacher
- Spouse of Pastor
- Deacon/Elder

**Child Name (s)** *if applicable*

- Deaf
- Deaf-Blind or Low-Vision Missionary
- Missionary
- Interpreter
- Pastor
- Lay Minister

- Hearing
- Jr. SBCD
- Spouse of Missionary
- Sunday school Teacher
- Spouse of Pastor
- Deacon/Elder

**Child Name (s)** *if applicable*

- Deaf
- Deaf-Blind or Low-Vision Missionary
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- Lay Minister

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- Jr. SBCD
- Spouse of Missionary
- Sunday school Teacher
- Spouse of Pastor
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**Registration Fees:**

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> <b>Full week of Registration, 3 lunchbox meals</b><br><i>Age 18 and up</i>  | <b>\$150.00</b> |
| <input type="checkbox"/> <b>Full week of Registration, 3 lunchbox meals</b><br><i>Age 4-17</i>   | <b>\$50.00</b>  |
| <input type="checkbox"/> <b>Registration Only (No meals included)</b><br><i>Age 18 and up</i>  | <b>\$100.00</b> |
| <input type="checkbox"/> <b>Registration Only (No meals included)</b><br><i>Age 4-17</i>   | <b>\$50.00</b>  |
| <input type="checkbox"/> <b>Commuter Fee (per day)</b><br><input type="checkbox"/> <b>Monday</b> <input type="checkbox"/> <b>Tuesday</b> <input type="checkbox"/> <b>Wednesday</b> | <b>\$50.00</b>  |

**Total**

**Please mail this form and check to:**

Check payable to:

**SBCD**

**Memo: 2024 SBCD Registration**

**Brance Long/SBCD**

**301 S. Davidson St.**

**Charlotte, NC 28202**