

2010 KANSAS REGIONAL ASSEMBLY REGISTRATION FORM

For guaranteed meals, register by September 20, 2010

October 21-23, 2010

Pre Assembly: Belmont Blvd CC, Salina
2508 Belmont Blvd

Event location: Ramada Inn
1616 W Crawford, Salina, KS



PLEASE CHECK: **ADULT REGISTRATION** **YOUTH** (**CHI RHO** or **CYF**) **YOUTH SPONSOR**

Name: _____ Phone: _____

Spouse/Guest Name (if attending): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Church/City: _____ E-Mail: _____

VOTING REPRESENTATIVE INFORMATION

(Enter first names on appropriate line)

_____ Voting representative from congregation
(Your church must verify this on the Congregational Voting Representative Form)
_____ Voting representative as ordained or licensed minister with Standing in the KS Region
_____ Voting representative as member of the Regional Board

REGISTRATION/MEALS	Adult	Youth	Quantity	Due
I'm unable to attend, but will make a supporting contribution			#	\$
Early Bird Registration (includes Friday evening dinner)	\$45.00	\$30.00	#	\$
Registration postmarked after September 20	\$55.00	\$40.00	#	\$
Pre-Assembly Dinner w/Robert Welsh - Thursday	\$15.00	N/A	#	\$
KDW Alumnae - Saturday Breakfast 7:00 am	\$9.50	N/A	#	\$
Disciples Men - Saturday Lunch 12:00 pm	\$13.50	N/A	#	\$
Disciples Women - Saturday Lunch 12:00 pm	\$12.50	N/A	#	\$
TOTAL FROM CHILDREN'S REGISTRATION FORM (attach)				\$
GRAND TOTAL (Make Checks payable to: Christian Church in Kansas)				\$

Note Special Dietary needs _____

Emergency Contact – Name _____ Phone _____

___ I would like to charge my registration. Please bill my ___ Visa ___ Master Card ___ Discover
Expiration Date: _____ Card Number: _____
Signature: _____

(Refunds: Prior to October 8, 2010 - \$10.00 cancellation fee. No refunds after October 8, 2010)

Mail registration & payment to: Christian Church in Kansas 2914 SW MacVicar Ave Topeka KS 66611-1787	Questions? Call - 800/737-8130 Fax - 785/266-0174	Office Use: Date Rec. _____ Check No. _____
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