

# World Mission Conference 2008 Registration Form

*(spouses, adult children and minors in the same family, may register together on one form)*

## REGISTRANT TYPES

**Adults** = anyone 18 or older

**Students** = anyone enrolled full or part time in a college, seminary or university

**Youth Mission Program** is for YOUTH enrolled in grades 7 – 12 at the time of the conference

**Kids Mission Program** is for KIDS enrolled in Kindergarten through grade 6 at the time of the conference

**Child care** is for CHILDREN who are infants up through those not yet in Kindergarten

Adult Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email address \_\_\_\_\_

Home Church \_\_\_\_\_ City, State \_\_\_\_\_

*Please list all minors that will be attending the conference with you and check which program they will need.*

Name	M/F	Age	Grade	Child care	Kids Mission Program	Youth Mission Program

## TERMS AND CONDITIONS

### **Refund Policy**

A 100% refund minus a 6% transaction fee is granted for cancellations postmarked by August 22nd.  
 A 50% refund minus a 6% transaction fee is granted for cancellations postmarked by September 5th.  
 No refunds are issued for cancellations postmarked September 6th or later.

### **Permission**

I understand that the event will be video taped and photographed. I grant permission to the organizers to use my likeness, voice and words in promotion for the conference.

Please check here to accept these Terms and Conditions

## QUESTIONS

Is this your first World Mission Conference? \_\_\_\_\_ Yes \_\_\_\_\_ No

How would you like your first name to appear on your name badge?

\_\_\_\_\_

Do you need translation of the main sessions from English into another language? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what language? \_\_\_\_\_

If you are highly skilled at providing simultaneous translation from English to another language, are you willing to volunteer your talents? (Scripts may not be available to assist you)

If yes, what language? \_\_\_\_\_

A boxed lunch is included in your program fee for Saturday.

Would you like a vegetarian lunch?  Yes  No

**Missionary Partnership Networks (MPN)** provide an opportunity for individuals and local congregations to be in a more direct and personal relationship with one or more IM missionaries.

Are you currently part of a Missionary Partnership Network?  Yes  No

If yes, for which International Ministries missionary? \_\_\_\_\_

Are you interested in learning more about MPNs?  Yes  No

**Volunteers in Global Mission**

Have you served internationally in long or short term missions in the last 5 years?  Yes  No

If yes, where did you serve? \_\_\_\_\_

Which missionary or organization did you work with? \_\_\_\_\_

Is God nudging you toward a mission trip in the future?  Yes  No

**PROGRAM FEES**

**FULL** means that you plan on attending the conference either Friday and Saturday, or Friday through Sunday.

**PARTIAL** means that you plan on attending the conference Friday only, Saturday only, or Saturday & Sunday.

**FULL Time Attendees**

Attend the whole weekend! The program fee includes a boxed lunch on Saturday. Sunday is FREE!

Adults	\$80
College Students	\$60
Youth	\$60
Kids	\$40
Child care	FREE!

**PARTIAL Attendees**

Lunch is included if you attend just Saturday or Saturday and Sunday.

**Friday Only**

Adults	\$25
College Students	\$20
Youth	\$20
Kids	\$15
Child care	FREE!

**Saturday Only**

Adults	\$55
College Students	\$40
Youth	\$40
Kids	\$25
Child care	FREE

**Saturday and Sunday**

Fees are the same as "Saturday Only" because Sunday is FREE!

**FULL Time Attendees Fees**

Number of Adults \_\_\_\_\_ x \$80 = \_\_\_\_\_

Number of Students \_\_\_\_\_ x \$60 = \_\_\_\_\_

Number of Youth \_\_\_\_\_ x \$60 = \_\_\_\_\_

Number of Kids \_\_\_\_\_ x \$40 = \_\_\_\_\_

**Sub Total** \_\_\_\_\_

**PARTIAL Attendees Fees**

Number of Adults	_____ x \$25	=	_____	
Number of Students	_____ x \$20	=	_____	
Number of Youth	_____ x \$20	=	_____	
Number of Kids	_____ x \$15	=	_____	

**Sub Total** \_\_\_\_\_

**PARTIAL Attendees Fees**

Number of Adults	_____ x \$55	=	_____	
Number of Students	_____ x \$40	=	_____	
Number of Youth	_____ x \$40	=	_____	
Number of Kids	_____ x \$25	=	_____	

**Sub Total** \_\_\_\_\_

**Saturday Night Banquet**

You are invited to attend a Dinner at Suffield Academy Sat. evening at 5:30pm.

Tickets are \$15 per person.

Number of Tickets	_____ x \$15	=	_____	
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**Sub Total** \_\_\_\_\_

**GRAND TOTAL** \_\_\_\_\_

**PAYMENT**

**A check or credit card information must accompany your registration form.**

- Personal check - payable to **International Ministries**  
In the memo line write: **World Mission Conference CT**
- Visa
- Master Card
- American Express

Print your name as it appears on the card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

What is the security code on the back of your card? \_\_\_\_\_

Mail to:

**World Mission Conference CONNECTICUT**  
 Becki Fuller  
 214 East Bass Lane  
 Suffield, CT 06078

You will receive a confirmation letter within two weeks.

Please contact our office if you do not receive it.

**800 ABC-3USA ext. 2176**