



WORLD CONFERENCE REGISTRATION FORM

APRIL 10-17, 2010

Please PRINT clearly with blue or black ink.

(If addresses differ, please use a separate form)

CHECK ONE BOX PER PERSON

ADULTS

FIRST NAME	MI	LAST NAME	Delegate	NAME YOU WANT ON NAMETAG	ADULT (18+) UP TO MARCH 1	ADULT (18+) AFTER MARCH 1	FULL-TIME STUDENT*	OFF-SITE SUPPORTER**	TOTAL
			<input type="checkbox"/>		<input type="checkbox"/> \$108	<input type="checkbox"/> \$144	<input type="checkbox"/> \$55	<input type="checkbox"/> \$55	\$
			<input type="checkbox"/>		<input type="checkbox"/> \$108	<input type="checkbox"/> \$144	<input type="checkbox"/> \$55	<input type="checkbox"/> \$55	\$
			<input type="checkbox"/>		<input type="checkbox"/> \$108	<input type="checkbox"/> \$144	<input type="checkbox"/> \$55	<input type="checkbox"/> \$55	\$
			<input type="checkbox"/>		<input type="checkbox"/> \$108	<input type="checkbox"/> \$144	<input type="checkbox"/> \$55	<input type="checkbox"/> \$55	\$

KIDS

*** FIRST NAME	MI	LAST NAME	DOB MM/DD/YY	NAME YOU WANT ON NAMETAG	LANGUAGES SPOKEN	CONFERENCE KIDS	BADGE ONLY (UNDER 12)	TOTAL
						<input type="checkbox"/> \$55	<input type="checkbox"/> \$5	\$
						<input type="checkbox"/> \$55	<input type="checkbox"/> \$5	\$
						<input type="checkbox"/> \$55	<input type="checkbox"/> \$5	\$

ADDRESS

STREET ADDRESS _____

CITY _____ STATE/PROVINCE _____ COUNTRY _____

ZIP/POSTAL CODE _____ E-MAIL _____

PHONE (WITH AREA/COUNTRY CODE) DAYTIME: _____ EVENING: _____

Delegate Travel Fund Contribution	\$
Special Offering	\$
Grand Total (U.S. Dollars)	\$

INFO CHECK

PLEASE SEND HOTEL/MOTEL INFORMATION.

I WOULD LIKE TO SERVE COMMUNION Name: _____

I WOULD LIKE TO BE AN USHER Name: _____

I HAVE SPECIAL NEEDS, ATTACHED IS A WRITTEN DESCRIPTION.

PLEASE SEND CHILD CARE INFORMATION. (Ages 6 weeks to 5 years)

PLEASE RETURN TO:
WORLD CONFERENCE REGISTRATION
1001 W. WALNUT
INDEPENDENCE, MO 64050-3562 USA
FAX: (816) 521-3092

*College students must be full-time to receive the discount registration price. Part-time students must register at adult price.
 **This category is for people who cannot attend conference but would like a set of materials mailed to them.
 ***Conference Kids is for children between the ages of 6 and 11.
 NOTE: Designated parking is available for those with state-issued handicap tags.

PAYMENT INFORMATION

CHECK/MONEY ORDER (PAYABLE TO PRESIDING BISHOPRIC)

MASTERCARD VISA DISCOVER

EXP. DATE

CARD NUMBER

CARDHOLDER'S NAME (PLEASE PRINT) _____

SIGNATURE _____