



WORLD CONFERENCE REGISTRATION FORM

MARCH 24-31, 2007

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	LANGUAGES SPOKEN	ADULT (18+) EARLY BIRD/AFTER FEB 23	FULL-TIME STUDENT ** EARLY BIRD/AFTER FEB 23	BADGE ONLY EARLY BIRD/AFTER FEB 23	OFF-SITE SUPPORTER	TOTAL
			<input type="checkbox"/>			<input type="checkbox"/> \$90 / \$120	<input type="checkbox"/> \$55 / \$55	<input type="checkbox"/> \$30 / \$60	<input type="checkbox"/> \$55	
			<input type="checkbox"/>			<input type="checkbox"/> \$90 / \$120	<input type="checkbox"/> \$55 / \$55	<input type="checkbox"/> \$30 / \$60	<input type="checkbox"/> \$55	
			<input type="checkbox"/>			<input type="checkbox"/> \$90 / \$120	<input type="checkbox"/> \$55 / \$55	<input type="checkbox"/> \$30 / \$60	<input type="checkbox"/> \$55	
			<input type="checkbox"/>			<input type="checkbox"/> \$90 / \$120	<input type="checkbox"/> \$55 / \$55	<input type="checkbox"/> \$30 / \$60	<input type="checkbox"/> \$55	

FIRST NAME	MI	LAST NAME	DOB MM/DD/YY	NAME YOU WANT ON NAMETAG	LANGUAGES SPOKEN	CONFERENCE KIDS EARLY BIRD/AFTER FEB 23	BADGE ONLY (UNDER 12)	Delegate Travel Fund Contribution		TOTAL
						<input type="checkbox"/> \$100 / \$130	<input type="checkbox"/> \$5		\$ _____	
						<input type="checkbox"/> \$100 / \$130	<input type="checkbox"/> \$5		Special Offering	\$ _____
						<input type="checkbox"/> \$100 / \$130	<input type="checkbox"/> \$5		Grand Total	\$ _____

(U.S. Dollars)

KIDS

ADDRESS

STREET ADDRESS		APT.	
CITY	STATE/PROVINCE	COUNTRY	
ZIP/POSTAL CODE	DAYTIME PHONE (INCLUDE AREA/COUNTRY CODE)		
EVENING PHONE (INCLUDE AREA/COUNTRY CODE)	E-MAIL		

CHECK

<input type="checkbox"/> PLEASE SEND HOTEL/MOTEL INFORMATION. <input type="checkbox"/> I WOULD LIKE TO SERVE COMMUNION...Name: _____ <input type="checkbox"/> I WOULD LIKE TO BE AN USHER.....Name: _____ <input type="checkbox"/> I HAVE SPECIAL NEEDS, ATTACHED IS A WRITTEN DESCRIPTION. <input type="checkbox"/> PLEASE SEND CHILD CARE INFORMATION.	Please return to: World Conference Registration 1001 W. Walnut Independence, MO 64050-3562 USA Fax: (816) 521-3050
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INFO

* Conference delegates must register with materials
 ** College students must be full-time to receive the discount registration price. Part-time students must register as an adult.
 Designated parking is available for those with state-issued handicap tags.

PAYMENT INFORMATION

<input type="checkbox"/> CHECK/MONEY ORDER (PAYABLE TO PRESIDING BISHOPRIC)	
<input type="checkbox"/> MASTERCARD	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER	EXP. DATE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CARD NUMBER	
CARDHOLDER'S NAME (PLEASE PRINT)	
SIGNATURE	