



## Conference Registration Form

Name: \_\_\_\_\_

Name for badge: \_\_\_\_\_

Organization & Position (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Please circle: Work Home Cell

### I am registering for:

\_\_\_ Friday, September 24<sup>th</sup> 6:00 John Barry/Cocktail Reception \$ 50.00

\_\_\_ Saturday, September 25<sup>th</sup> 8:30 Conference Presentations & Workshops \$ 25.00

\_\_\_ Student: Friday & Saturday, Sept. 24<sup>th</sup> & 25<sup>th</sup> Conference Presentations & Workshops \$ 10.00

TOTAL: \_\_\_\_\_

### I am attending the conference as a:

\_\_\_ Member of Faith Community      \_\_\_ Professional desiring Training      \_\_\_ Concerned Citizen

\_\_\_ Student      \_\_\_ Other: \_\_\_\_\_

### I heard about the conference via (please check all that apply):

\_\_\_ My faith community (Name of Community: \_\_\_\_\_)      \_\_\_ Radio

\_\_\_ Ad in Newspaper or Magazine      \_\_\_ Internet/Online/Website      \_\_\_ Email

\_\_\_ A Friend (Name: \_\_\_\_\_)

**Payment Method:**      \_\_\_ Check Enclosed      \_\_\_ Credit Card (Please complete information below.)

Name of card holder: \_\_\_\_\_ Card type:  VISA  Master Card

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 digit code: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_ Date: \_\_\_\_\_ (mo/yr)

Any cancellation or change must be received and confirmed by official written notice via letter, fax or e-mail before **September 15** for 70% refund of total payment. No refund will be granted after this date or for no-show. The refund will be processed one month after the conference, less the applicable taxes and bank handling charges.

**Please Complete Form and Send To: Mississippi River Corridor – Tennessee; 291 Kenilworth Place; Memphis, TN 38112**