



PERSONAL REGISTRATION FORM

PLEASE PRINT OR TYPE

E-mail address: _____

REGISTRATION TYPE: General Registration Clergy Women in Service Everywhere Men on Missions

TITLE (please \sqrt one): DR. REV. MIN. MR. MRS. MS. OTHER _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ (Home) _____ (Cell) _____

Pastor's Name: _____

Church's Name: _____

Emergency Contact Name: _____ Telephone: _____

Is this your first time attending the Lott Carey Spring Mission Conference? YES NO

REGISTRATION FEE \$100.00

The individual registration fee is \$100.00. This amount includes access to all sessions, two (2) lunches and (1) dinner. Please confirm your attendance for all meals by checking the appropriate box.

Lunch, Thursday, April 18, 2024 Dinner, Thursday, April 18, 2024 Lunch, Friday, April 19, 2024

Do you have any medically based food allergens? YES NO

If yes, please explain: _____

Please note that Lott Carey will do its best to address any **medically based** food allergens.

TOTAL REGISTRATION FEE(S) \$ _____

Mail your check or money order made payable to:

Lott Carey, 8201 Corporate Drive, Suite 1245, Landover, MD 20785

Persons who register AND pay on or before **March 28th** are entitled to a **FULL** refund. **NO REFUNDS** will be issued for registrations received on or after **March 29th**. We apologize in advance for any inconvenience.

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

DATE RECEIVED	AMOUNT RECEIVED	DATE ENTERED	ENTERED BY	REGISTRATION NO.