



October 1 – 2, 2010 GRR Annual Assembly Registration

Krieger's Convention Center at the Holiday Inn • 222 Potomac Blvd • Mt. Vernon, IL 62864
 Hotel Reservation call (800) 243-7171 or 618-244-7100 – Block Code “American Baptist Churches” - \$83.00 **Deadline Sept 15, 2010**

EARLY BIRD REGISTRATION DEADLINE: SEPTEMBER 3, 2010

COMPLETE ONE FORM PER PERSON ATTENDING: PHOTOCOPY ADDITIONAL FORMS AS NEEDED

PLEASE INDICATE BY CHECKING THE BOX IF CHILDREN WILL BE ATTENDING (fill out information on the back side)

Name _____ *First Name as desired on name tag:* _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ E-Mail _____
 Church/City _____

Are you a Voting Delegate? If Yes, check box and have clerk sign: X

STEP 1 – REGISTRATION – PLEASE PUT AN X IN THE APPROPRIATE BOXES THAT APPLY TO YOU

GUEST REG		EXHIBITOR REG		INDIVIDUAL REG		FAMILY REG		CHURCH REG	
GUEST - \$0.00		EXHIBIT - \$40.00		ADULT - \$30.00		FAMILY - \$65.00		CHURCH - \$150.00	
<input type="checkbox"/>	BOARD MEMBER	Please fill out Exhibit information on the back of this form DEADLINE SEPT 3, 2010 Choose your meals and workshops below		EARLY BIRD (-10.00) IF SENT BY SEPT 3, 2010		EARLY BIRD (-10.00) IF SENT BY SEPT 3, 2010 (Two adults & unlimited children) Complete one form each per family member & mail in together with payment		IF SENT BY SEPT 3 2010 (Unlimited Adults and Children) Available only when pre-registering all attendees together & mailed in one envelope together	
<input type="checkbox"/>	GREAT FRIENDS								
<input type="checkbox"/>	NEW PCL & FAMILY			<input type="checkbox"/>	CHILDREN - \$5.00 EACH (with accompanying adult) (Birth to 5 th Grade)	<input type="checkbox"/>	(This individuals form is part of a paid Family Reg. \$0.00)	<input type="checkbox"/>	(This individuals form is part of a paid Church Reg. \$0.00)
<input type="checkbox"/>	SPEAKER			(Please fill out information on back of this form for the names and ages of the Children)		(This individuals form is part of a paid Family Reg. \$0.00)		(This individuals form is part of a paid Church Reg. \$0.00)	
<input type="checkbox"/>	VOLUNTEER			THIS IS FOR REGISTRATION OF EXHIBITORS ONLY		(Please fill out information on back of this form for the names and ages of the Children)		(This individuals form is part of a paid Family Reg. \$0.00)	
<input type="checkbox"/>	WORKSHOP LEADER	THIS IS FOR REGISTRATION OF EXHIBITORS ONLY		(Please fill out information on back of this form for the names and ages of the Children)		(This individuals form is part of a paid Family Reg. \$0.00)		(This individuals form is part of a paid Church Reg. \$0.00)	
Signature by Exc. Minister _____									
TOTAL EXEMPT	\$	TOTAL EXHIB.	\$	TOTAL IND.	\$	TOTAL FAM.	\$	TOTAL CHURCH	\$

STEP 2 – MEAL TICKETS --- PUT AN X IN THE APPROPRIATE BOXES

PLEASE SPECIFY DIETARY NEEDS _____

WORKSHOPS (FREE) Put an X in the box for your choice

PLEASE CHOOSE ONLY ONE WORKSHOP FOR THE TIME PERIOD

FRIDAY, OCTOBER 1, 2010	SATURDAY, OCTOBER 2 WORKSHOP 9:00 AM – 9:40 AM
<input type="checkbox"/> Luncheon: Ministers and Spouses Luncheon, 12:00 pm - \$15.00	<input type="checkbox"/> 1A God's Word at Work in Mexico – Charles & Ramona Shawver
<input type="checkbox"/> Banquet: GRR Mission and Ministry Banquet, 5:00 pm - \$25.00	<input type="checkbox"/> 1B God's Word on the Screen – Garland Criswell
SATURDAY, OCTOBER 2, 2010	<input type="checkbox"/> 1C Tech Tools for Ministry – Muriel Johnson
<input type="checkbox"/> Breakfast: American Baptist Men of GRR, 7:00 am - \$8.00	<input type="checkbox"/> 1D Tech Impact on Christian Education – Mark Keyser
<input type="checkbox"/> Breakfast: GRR Women's Ministries, 7:00 am - \$10.00	SATURDAY, OCTOBER 2ND WORKSHOP 9:50 AM – 10:30 AM
<input type="checkbox"/> Breakfast: Northern Seminary, 7:00 am - \$9.00	<input type="checkbox"/> 2A God's Word at Work in Mexico – Charles & Ramona Shawver
	<input type="checkbox"/> 2B God's Word on the Screen – Garland Criswell
	<input type="checkbox"/> 2C Tech Tools for Ministry – Muriel Johnson
STEP 3 – GRAND TOTAL OF STEPS 1 AND 2	<input type="checkbox"/> 2D Tech Impact on Christian Education – Mark Keyser
GRAND TOTAL \$ _____	

MAKE CHECKS PAYABLE TO: **GRR ANNUAL ASSEMBLY** OR FILL OUT CREDIT CARD INFORMATION BELOW

Credit Card Type: VISA MasterCard American Express Expiration Date (Month/Year) _____
 Account Number: _____ 3-Digit V-Code (on back of card): _____
 Signature : X _____ Print Name: _____

MAIL REGISTRATION WITH CHECK OR CREDIT CARD INFORMATION TO:

AMERICAN BAPTIST CHURCHES OF THE GREAT RIVERS REGION
 P.O. BOX 3786 SPRINGFIELD, IL 62708-3786

ANNUAL ASSEMBLY REGISTRAR: DEBBIE NAUGLE

PHONE: (217) 726-7366 FAX: (888) 922-2477

EMAIL: debbie@abcgrr.org

EXHIBITOR INFORMATION

DEADLINE FOR EXHIBIT INFORMATION IS SEPTEMBER 3, 2010

PLEASE FILL OUT INFORMATION BELOW SO THAT WE MAY ACCOMADATE YOUR NEEDS FOR YOUR EXHIBIT SPACE

NAME OF ORGANIZATION

(Person to contact in case of emergency)

(Person stationed at the Exhibit Table – Name below only)

Contact Person	Exhibitor Name
Address	Address
City, St, Zip	City, St, Zip
Phone	Phone

First Name as Desired on Nametag: _____

PLACE A CHECK MARK OR CIRCLE OR (HIGHLIGHT) WHAT YOU NEED

Table Size 8 foot table ½ of 8 foot table (tables come with tablecloth and skirting)

Electricity Yes or No # of outlets needed Extension Cord Yes or No Power Strip Yes or No

Tall Exhibit Yes (set against a wall if possible) No (center of room is okay)

Other Needs _____

2010 GRR 43RD ANNUAL ASSEMBLY NURSERY AND ELEMENTARY CHILDCARE MEDICAL RELEASE FORM

EMERGENCY CONTACT INFORMATION

Parent's/Guardian's Name _____ Address _____

City _____ St _____ Zip _____ Home Phone _____ Cell Phone _____

NAMES OF CHILDREN ATTENDING ANNUAL ASSEMBLY

Youth's Name	Age/Grade	M F Sex	Allergies/Special Health Considerations
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INFORMATION

Physician's name _____ Phone Number _____

Insurance Company _____ Policy Number _____

The above information is accurate and complete to the best of my knowledge. I will not hold any agents, employees, and/or representatives of the American Baptist Churches of the Great Rivers Region responsible for any errors or omissions that I may have made in the completion of this form.

I hereby authorize the designated ABC/GRR Annual Assembly Youth Worker(s) to obtain necessary emergency medical treatment, as they deem necessary for the welfare of my child/children if I cannot be immediately reached at the time an emergency should it occur during the American Baptist Churches of the Great Rivers Region Annual Assembly.

I give permission for my child/children to participate in on-site and/or off-site activities. I release ABC/GRR Annual Assembly and individuals from liability in case of accident during activities related to ABC/GRR Annual Assembly, as long as normal safety procedures have been taken on **OCTOBER 1-2, 2010**.

Parent's/Guardian's Signature _____ Date _____