



THE RIVERS GROWTH CONFERENCE

"Whoever believes in me...streams of living water will flow from them." Mt. 7:38

Shane Claiborne

Tony Campolo

Dave Fitch

Sharon Koh

September 27 - 29, 2018 • First Baptist Church • Bloomington Illinois
Room Block ABCGRR Deadline for Pre-registration: September 14, 2018

Name as desired on name tag _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Church/City _____

Voting Delegate

Please check box if you will be Voting **Clerk's signature** _____ **[needed for voting delegate]**

Exhibitor (please print name of exhibit) _____

| Ministers' Conference - Thursday September 27 | Amount | Payment |
|--|--------|--------------------------------|
| Individual Registration Fee (FBC Bloomington) | 15.00 | |
| Dinner - 5:30 pm (FBC Bloomington) | | <i>Dinner provided by MMBB</i> |
| The Rivers Growth Conference - Friday September 28 | | |
| Individual Registration Fee (FBC Bloomington) | 20.00 | |
| Exhibitor - Friday September 28 | | |
| Non-electric Registration Fee (FBC Bloomington) | 30.00 | |
| Electric Registration Fee (FBC Bloomington) | 40.00 | |
| Meals - Friday September 28 | | |
| Minister and Spouse Lunch - 11:45 pm (FBC Bloomington) | 15.00 | |
| Mission Banquet - 5:00 pm (FBC Bloomington) | 26.00 | |
| Meals - Saturday September 29 | | |
| Breakfast AB Men GRR - 7:30 am (The Chateau Hotel) | 12.00 | |
| Breakfast AB Women GRR - 7:30 am (The Chateau Hotel) | 12.00 | |
| Lunch - 12:30 pm (FBC Bloomington) | | <i>Lunch provided by GRR</i> |
| GRAND TOTAL | | \$ |

Childcare - Please give name and Age of each child participating

| | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Notice | Persons with disabilities, needing special assistance, or with food allergies (please list)

Payment method Check or Credit Card Payment to "GRR 2018 Annual Assembly"

Credit Card: Visa MasterCard American Express Account Number _____

3 -digit v-code _____ Expiration Date _____ **Amount Paid \$** _____

Signature _____ **Print** Cardholder's Name exactly as shown on card

Mail Registration with Check or Credit Card information to
American Baptist Resource Center Attention Debbie
POB 13457 Springfield IL 62791
Phone 217.726.7366 or Email debbie@abcgrr.org