

AMERICAN BAPTIST WOMEN IN MINISTRY
"DAUGHTERS OF THE FLAME CONFERENCE" Registration Form
April 16-19, 2008

Hilton, St. Louis International Airport, 10330 Natural Bridge Road,
St. Louis, Mo, 63134-3303 Tel: 1-314-426-5500 Fax: 1-314-426-3429
(Please complete one registration form for each attendee.)
For SCHOLARSHIP INFORMATION: www.abwim.org



Registration Deadline: February 29, 2008
Conference Begins: Wednesday, April 16, 2008 at 7:00 p.m.
Conference Ends: Saturday, April 19, 2008 at 12:00 Noon

Name: _____ Church/Organization _____
Location of Church or Organization _____
Preferred First Name for Badge: _____
Preferred Mailing Address: _____
City: _____ State: _____ ZIP Code: _____
Daytime Phone: _____ E-mail: _____

Registration Packages for Out of Town Participants

Registration Packages include 3 nights lodging with daily continental breakfast, access to the welcome reception, Thursday lunch, Friday banquet, and all conference sessions & materials.

Extra hotel night(s): \$100.00 per room, per night

_____ Single Occupancy: \$475.00 per Person _____ Triple Occupancy: \$290.00 per person
_____ Double Occupancy: \$315.00 per Person _____ Quad Occupancy: \$260.00 per person

Check in date _____ Day of the week _____ Check out date _____ Day of the week _____
Roommates (include yourself): 1 _____ 2 _____ 3 _____ 4 _____

Registration Packages for Local Participants

_____ Full Time : \$175.00 Per person (Access to all conference sessions & materials, the welcome reception, a luncheon and a banquet dinner.)
_____ One Day Pass:\$ 75.00 Please select a day: _____ Thursday 4/17/2008 (includes lunch) _____ Friday, 4/18/2008 (includes dinner)

PAYMENT: Enclosed with this form is my full registration payment in the amount of \$_____ in form of:

_____ **Check or Money Order:** Please enclose check made payable toABC-USA
_____ **Credit Card:** Please fill out the form below. . (NOTE: We cannot process Discover and Diner's Club Cards.)
Type of Card: VISA _____ MC _____ AMEX _____
Credit Card Number: _____ Exp.Date: _____
Name on card: _____ Signature on card: _____

NOMINEES FOR BROTHERS / SISTERS RECOGNITION: (Add extra page if needed)

(This is our opportunity to show our appreciation for the Sheroes and Heroes who have faithfully supported the call of women into ministry. Please be sure to list the name of the person you want to honor.)

Name: _____ E-Mail _____
Address: _____ City, State, Zip _____
Phone _____ Organization _____
Reason: _____

Mail completed form to: **Office of Travel & Conference Planning, ABCUSA, PO Box 851,Valley Forge, P A 19482.**
Fax: 610-768-2229. Please email Joyce.Lake@abc-usa.org; yroyal@abc-usa.org; or call Rev. Royal at 610-768-2058
(PLEASE SELECT THE SEMINARS AND SPECIAL INTEREST GROUP YOU WANT TO ATTEND ON PAGE -2-)