

Registration Form : Central Ohio Reformation Institute, April 28-30, 2009

Name _____

E-mail address _____

Physical Address _____

Home phone # _____ Cell phone # _____

Mailing address (if different from above): _____

Church Name _____

Church address _____

Position held (Check one): Pastor ___ Elder ___ Evangelist ___ Other ___

Person to be contacted in event of emergency:

Name _____ Relation _____

Address _____

Phone number(s) _____

Special dietary considerations or health issues: Explain here or on back of registration form.

Amount of enclosed check includes: Registration Fee of \$50.00 _____

Indicate preference: Single Room \$45/night _____ Shared Room \$30/person/night _____

Total Room Amount Enclosed (2 X Nightly Rate) _____ 6 Meals: \$63.50 _____

Early registrants check here if you prefer postponing the \$63.50 meal payment until April 15th _____.

Total Check Amount (Registration fee, room, & meals) _____

Make check payable to "DCB Communications" and mail with completed form to DCB Communications, P.O. Box 1387, Mt. Vernon, OH 43050.

Signature: _____