

HPEMBA, Inc. Individual Conference Registration Form

Complete this form when submitting **INDIVIDUAL** registration for **One Day Sessions and Conferences**. Attach your form of payment at the bottom of this form.

(Please print)

Church Name _____

Church Mailing Address _____

Your Name _____

Address _____

City _____ Zip _____

Email Address _____ @ _____

Amount \$ _____ I am submitting a (select one):

Check _____

Cashier's Check _____

Money Order _____

Please check what conference you are registering for:

One Day Sessions: (Please check one)

Congress of Christian Ed. _____

Woman's Auxiliary _____

HELPS Ministry _____

Parent Body _____

Mid-Year Conference (July) _____

Signature: _____ Date: _____

Attach Payment in the Section Below (Check, Cashier's Check or Money Order)
Make checks payable to the HPEMBA, Inc.

Office Use Only
Date Received: _____ Initial: _____