



## Registration Form for Annual Conference 2024

Registration: (Please Print)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Church Name: \_\_\_\_\_

Name of Agency you represent: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

\_\_\_\_\_

Check One:

Delegate       Alternate Delegate

Clergy       Spouse

Visitor

Lunch will be catered at a cost of \$11.00 per person. Checks should be made out to Central Appalachian Missionary Conference and mailed with your registration.

Mail to:      Central Appalachian Missionary  
                 Conference PO Box 88  
                 Big Creek KY 40914