



REGISTRATION FORM
Florida Baptist Convention
WMM/Missions Education Team
1230 Hendricks Avenue
Jacksonville, FL 32207
1-800-226-8584, ext. 3141



MISSIONS CONNECTION

MAY 19, 2012

LOCATION: Urban Impact Ministries Office

140 East 7th Street

Hialeah, FL 33010

9:00 AM - 2:30 PM

COST: \$10 Per Person

Includes lunch and materials

Cancellation Policy: Receive full refund if you cancel 60 or more days prior to the event. Receive one-half refund if you cancel 30-59 days prior to the event. No refund if you cancel 28 or less days prior to the event. In case of serious illness, written letter of explanation will be considered for refund. Early notification in case of illness will aid the process. Substitutions are always accepted up to check in. We encourage you to take advantage of the ministry opportunity to transfer your registration to another person.

General Information:

- * Registration **must be received** by the Accounting Department seven (7) days prior to the start of the meeting.
- * Telephone reservations are accepted if paying by credit card. Fax your completed form to 904-596-4473. **This option can only be used if paying by credit card. MasterCard – VISA information** must be provided along with registration information below.
- * Check must accompany registration with full amount **payable** to: FLORIDA BAPTIST CONVENTION
- * Mail **check with this form to:** Accounting Department, Florida Baptist Convention, 1230 Hendricks Avenue, Jacksonville, FL 32207
- * Please **check the conference/event for which you are registering (above).**
- * For more information call **1-800-226-8584, ext. 3141.**

650-617

Group Leader:

Name _____ Email Address _____
(Please print clearly, confirmations are sent via this method)

Address _____ City _____ State _____ Zip _____

Home Telephone (_____) _____ Alternate Telephone (_____) _____ Total Enclosed \$ _____

Church _____ City _____ Total # of Reservations _____

For VISA or MASTER CARD PAYMENT:

Account # _____ Exp. Date _____ Security Code _____

PRINT Cardholder's name _____

Billing address of card holder _____ City _____ Zip _____