

**FRANK RAY**  
**Expository Preaching and Church Growth Conference**  
**July 5-8, 2010**

**Registration Form**

**PLEASE TYPE OR PRINT LEGIBLY**

**(Please Circle One)** Pastor Dr. Bish. Rev. Dea. Mr. Ms. Mrs. Bro. Sis. Miss

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

Mailing Address, Street or P.O. Box: \_\_\_\_\_

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

Telephone (Home): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

**(Please Circle One)**

**How many times have you attended the Frank Ray Conference? 1 2 3 4 5 6 7 8 9**

**Church:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Pastor:** \_\_\_\_\_

**REGISTRATION: Adults: \$150.00 (Prior to May 15<sup>th</sup>) \$175.00 (After May 15<sup>th</sup>) Children: \$20.00**

**Note:** Registration for children includes plenary/concurrent sessions, lunch and comprehensive program book which will be issued in class upon receipt of payment on the first day of conference.

**Banquet Honoring Dr. R. A. Williams, Jr., Wednesday at 7:00 PM in the Victory Banquet Hall, \$50.00**

**I will attend: Yes \_\_\_ No \_\_\_**

**Payment Options: Check \_\_\_ Credit Card \_\_\_ Cash \_\_\_ Amount: \$ \_\_\_\_\_**

**Option #1: Credit Card**

Visa Debit \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Am Express \_\_\_ Discover \_\_\_

Card #: \_\_\_\_\_ Exp date: \_\_\_\_\_ 3-digit code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Amount charged to card: \$ \_\_\_\_\_

**Option #2: Check**

Name on Check: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount of Check: \_\_\_\_\_

**Registered By:** \_\_\_\_\_ **Date:** \_\_\_\_\_