

NORTH CENTRAL DISTRICT 2008 ANNUAL CONFERENCE

REGISTRATION FORM

MONDAY, APRIL 14 (8:30 AM) - TUESDAY, APRIL 15 (NOON)

Instructions:

1. Registration fee is **\$69/person** (includes programming, Monday lunch, dinner, Tuesday breakfast).
2. Complete one form per person or couple (duplicate this form as necessary).
3. Mail completed form with a check (payable to North Central District) or credit card information to:
North Central District, 711 - 10th Avenue South, Minneapolis, MN 55415 or fax to: 612-338-1519.
4. Late registration (postmarked or faxed after April 1st) will incur a \$20 late fee.
5. Cancellations are subject to a \$20 cancellation fee after the April 1st deadline.
6. Phone reservations will not be accepted.
7. See reverse side for hotel options and map. You will need to make your own lodging reservations.
8. You will receive an email confirmation of your conference registration.
9. No childcare will be provided at the conference.
10. Shamineau Ministries Annual Meeting will be held Tuesday, April 15 at noon. According to Shamineau Ministries bylaws, each participating NCD Free Church is allowed 5 voting delegates. Hear of program updates and vote on new board members. There is no cost to you for the lunch but please register for the lunch.
11. Come early for a Sunday evening fireside chat to greet NCD staff and fellow pastors in an informal, come-and-go atmosphere.

Please complete and mail or fax to:
North Central District, 711 - 10th Ave So, Minneapolis, MN 55415, Fax: 612-338-1519

Name(s) 1. _____ 2. _____
Church _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone Number: _____ Circle one: Work Home Cell

____ Conference registration: (Monday am -Tuesday noon)

Cost: \$69.00/person

____ Tuesday lunch with Camp Shamineau (no cost)

____ Number attending Tuesday lunch

FOR PAYMENT BY CREDIT CARD: (Circle One) MasterCard Visa

Card# _____ CVN # _____

Expiration Date _____

3-digit code on the back side of the card

Name and Billing address of credit card used _____

Signature _____

Total enclosed/charged is \$ _____ for _____ person(s).

Check as it applies for official delegate:

Name 1 or 2: Pastor ____ Delegate ____ Other _____ (See your pastor for delegate information)

Church and Hotel Information

There are a number of hotels near Calvary EFC (A on the map). Here are a couple of suggestions with contact information. For other possibilities you can go to www.rochestercvb.org.

A. Calvary EFC

5500 25th Ave NW
Rochester, MN 55901
Calvaryefc.org

B. Comfort Inn

5708 Bandel Rd NW
Rochester, MN 55901
507-289-3344
Choicehotels.com
Rates: \$89 - \$119

C. Microtel Inns

4210 Hwy 52 N
Rochester, MN 55901
507-286-8780
Microtelinn.com
Rates: \$49 - \$79

D. Country Inn & Suites

4323 Hwy 52 N, W Frontage Rd
Rochester, MN 55901
507-285-3335
Countryinns.com
Rates: \$99 - \$104

E. Extended StayAmerica

2814 43rd St NW
Rochester, MN 55901
507-289-7444
Extendedstayamerica.com
Rates: \$64 - \$74

