B. M. & E. State Congress of Christian Education

ANNUAL SUPER SUNDAY SCHOOL SUPERINTENDENTS CONFERENCE

REGISTRATION FORM

Date:_____20_____

Church Name:_____

Pastor:_____

Mailing Address: _____

Church Address:_____

District:_____ Congress President:_____

Church Representation

Unlimited Messengers **$ 75.00** **$_____**

Names:

1._____email:_____

2._____ email:_____

3._____email:_____

4._____ email:_____

5._____email:_____

6._____ email:_____

7._____email:_____

8._____ email:_____

9._____email:_____

10._____ email:_____

11._____email:_____

12._____ email:_____

13._____ email:_____

14._____email:_____

15._____ email:_____

FOR FINANCE USE ONLY:

Amount $ _____ Cash: _____ Check:_____ Check # _____

Received by:_____

JK-01/18