**BM&E STATE CONGRESS OF CHRISTIAN EDUCATION

CLASS SELECTION FORM**

CHURCH OR DISTRICT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PASTOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_

PLEASE TYPE OR PRINT LEGIBLY

REGISTRATION PAYMENT MUST INCLUDE ANY SPECIAL FEES.

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| Delegate’s NameFirst Name, Middle Initial, Last Name | Delegate’s Email & Mailing Address (REQUIRED) | Phone # | CLASS # | CLASS Name(See Course List) | Include Special Fees If Required |
| Jamesse L. Kesee (example) | Jlkesee1967@gmail.com307 N. 17thWest Columbia, TX 77486 | 979-417-6926 | 2097 | Rethinking Christian Education |  |
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