

**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.

Delegate's Name First 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. Kesse (example)	<a href="mailto:Jlkesee1967@gmail.com">Jlkesee1967@gmail.com</a>  307 N. 17 <sup>th</sup> West Columbia, TX 77486	979-417-6926	2097	Rethinking Christian Education	

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