

**2019 NATIONAL PREGNANCY CENTER CONFERENCE REGISTRATION FORM
EDGEWOOD BAPTIST CHURCH, COLUMBUS, GEORGIA, MARCH 1-3**

Name of Center _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____

E-mail Address _____

Director's Name _____

Please list the name, address, & phone number for the two individuals who will be attending the Conference free of charge, listing first the director. If the director is not attending, then list first the person who will represent your ministry in receiving the special gift of appreciation on Friday night.

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____

List the remaining names of those attending the Conference. Please enclose the \$50.00 non-refundable registration fee for each person (checks payable to Edgewood Baptist Church).

- | | | |
|----------|-----------|-----------|
| 1. _____ | 6. _____ | 11. _____ |
| 2. _____ | 7. _____ | 12. _____ |
| 3. _____ | 8. _____ | 13. _____ |
| 4. _____ | 9. _____ | 14. _____ |
| 5. _____ | 10. _____ | 15. _____ |

Mode of Transportation into Columbus _____ Car _____ Plane

Name of hotel where you made your reservations: _____

Mail registration to Andy Merritt+Edgewood Baptist Church+3564 Forrest Rd.+Columbus, GA 31907

Phone# (706) 561-7954 ext. 259 Fax# (706) 569-6297 E-mail amerritt@edgewoodga.com

* All Conference information can be downloaded from church web site: edgewoodga.com