



Connecticut State Missionary Baptist Convention

Reverend Dr. Lindsay E. Curtis, President

2017 Annual Session

May 5 – 10, 2018

Parent Body Pre-Registration Form

Submit completed form by April 22, 2018

Church Name: _____ Pastor's Name: _____

Church Address: _____ Church Telephone: _____

Registration Fee Levels:

*On Site Designated Representative Name _____ Cell: _____

Association Fee \$1,000

Your church fee level amount	Number of delegates**		Cash		Check No:		Credit/Debit Card	
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Checks payable to:

Connecticut State Missionary Baptist Convention

17 West Avenue, Norwalk, CT 06854

(203) 838-5717 (office) - (203) 854-5276 (fax) If you have questions, please contact 203-838-5717

FORMS OF PAYMENT AND AMOUNTS

CASH **CHECK** **CREDIT CARD**

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: __ Expiration Year: __ Security Code: __

Cardholder Signature _____ Date ___/___/___

Delegates Names (Type or Print clearly)

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |