



INTERNATIONAL ASSOCIATION OF MINISTERS' WIVES AND MINISTERS' WIDOWS, INC.
ELDER DR. VERNITA JOSEY, INTERNATIONAL PRESIDENT

REGIONAL REGISTRATION FORM

SUBMISSION DEADLINE:

<input type="checkbox"/> CENTRAL REGION* Mrs. Regina Shaw	<input type="checkbox"/> INTERCONTINENTAL REGION Dr. Sherry Collie	<input type="checkbox"/> MID-SOUTHWEST REGION* Mrs. Constance Burnside
<input type="checkbox"/> NORTHEAST REGION Mrs. Andrea Robinson Logan	<input type="checkbox"/> SOUTHEAST REGION* Elder Jannetta McIntyre	<input type="checkbox"/> WESTERN REGION Min. Traci Allen

DATE: _____

HOTEL: _____

ROOM RATES: _____

GROUP CODE: _____

Membership Number					
Name	Last	First	MI		
Mailing Address					
	City	State	Zip Code		
Email					
Telephone	()	()			
	Home	Cell			
<input type="checkbox"/> First time attendee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<input type="checkbox"/> Wife	<input type="checkbox"/> Widow	<input type="checkbox"/> Husband	<input type="checkbox"/> Guest		
State Organization					
Local Organization					
State President					

<input type="checkbox"/>	Registration		\$75.00
		Last First	
<input type="checkbox"/>	Husband		\$60.00
		Last First	
<input type="checkbox"/>	Guest**		\$60.00
		Last First	
<input type="checkbox"/>	Banquet (Western Region)		\$85.00
		Last First	
<input type="checkbox"/>	Absentee Registration		\$60.00
		Last First	
		TOTAL	\$
	* INCLUDES LUNCHEON	**LUNCHEON ONLY	

Mail Form & Payment by _____ to:

Make Payment Payable to IAMWMW
Cashier's/Certified/Organizational Check or Money Order ONLY! NO PERSONAL CHECKS!