



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

## REGIONAL REGISTRATION FORM

**SUBMISSION DEADLINE:** \_\_\_\_\_

**CENTRAL REGION**

Mrs. Regina Shaw

**INTERCONTINENTAL REGION**

Dr. Sherry Collie

**MID-SOUTHWEST REGION**

Mrs. Constance Burnside

**NORTHEAST REGION**

Mrs. Andrea Robinson Logan

**SOUTHEAST REGION\***

Elder Jannetta McIntyre

**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"/> Luncheon              |                                |                                  |                                | \$50.00 |  |  |
|  | Last                           | First                            |                                |         |  |  |
| <input type="checkbox"/> City Tour             |                                |                                  |                                | \$25.00 |  |  |
|  | Last                           | First                            |                                |         |  |  |
| <input type="checkbox"/> Absentee Registration |                                |                                  |                                | \$60.00 |  |  |
|  | Last                           | First                            |                                |         |  |  |
| <input type="checkbox"/>                       |                                |                                  |                                |         |  |  |
|  | Last                           | First                            |                                |         |  |  |
|  |                                |                                  | <b>TOTAL</b>                   | \$      |  |  |
|  |                                |                                  |                                |         |  |  |

Email Form by \_\_\_\_\_ to: \_\_\_\_\_

For Intercontinental Region Only

All Conference Fees and Payments will be made onsite at the Conference. CASH ONLY