



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	
		TOTAL	\$

Email Form by _____ to:

For Intercontinental Region Only

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