

## **HUSBANDS' COMMITTEE OFFICIAL REGISTRATION FORM**

## International Association of Ministers' Wives and Ministers' Widows, Incorporated

Dr. Margaret Brown Payton, International President

1 REGISTRATION INFORMATION (Please p	rint legibly or type)	Date
Please submit by April 30		
Name		Phone
AddressCity	Email	
Church		Denomination (Be specific)
Pastor's Name		
( ) Check here if this is the first IAMWMW C	Convention you have attended.	Convention City
2	FEES	
		•
1. Registration		\$ 75.00
2. In dividual Cabalanship Cantribution		
2. Individual Scholarship Contribution:		<b>.</b>
,		······\$
		\$
		\$
•		\$
Ticketed Events		
LEGACY LUNCHEON (Please orde	er w/spouse)	
PRESIDENT'S BREAKFAST (Pleas	se order w/spouse)	
AWARDS GALA BANQUET (Please	e order w/spouse)	
		TOTAL \$
3 FORMS OF PAYMENT ACCEPTED (MAIL-IN OR C	DN-SITE)	AMWMW OFFICE USE ONLY
ORGANIZATIONAL CHECK, CASHIER'S CHECK, MOI	NEY ORDER	
CASH (On-Site Only)	Date Received	Total \$
PAYABLE TO: IAMWMW		Credit Card
SEND TO: Dr. Loretta H. Dennis	Money Order #	Organization Check #
3925 River Bluffs Place	Cashier Check #	
Richmond, VA 23223		
NO PERSONAL CHECKS	Receipt #	