



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

REGIONAL REGISTRATION FORM

SUBMISSION DEADLINE:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <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: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Membership Number</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name</td> <td>Last</td> <td>First</td> <td>MI</td> <td colspan="3"></td> </tr> <tr> <td>Mailing Address</td> <td colspan="6"></td> </tr> <tr> <td></td> <td>City</td> <td>State</td> <td>Zip Code</td> <td colspan="3"></td> </tr> <tr> <td>Email</td> <td colspan="6"></td> </tr> <tr> <td>Telephone</td> <td>()</td> <td>()</td> <td colspan="4"></td> </tr> <tr> <td></td> <td>Home</td> <td>Cell</td> <td colspan="4"></td> </tr> <tr> <td><input type="checkbox"/> First time attendee?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td colspan="4"></td> </tr> <tr> <td><input type="checkbox"/> Wife</td> <td><input type="checkbox"/> Widow</td> <td><input type="checkbox"/> Husband</td> <td colspan="4"><input type="checkbox"/> Guest</td> </tr> </table> | | | 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 | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>State Organization</td> <td colspan="3"></td> </tr> <tr> <td>Local Organization</td> <td colspan="3"></td> </tr> <tr> <td>State President</td> <td colspan="3"></td> </tr> </table> | | | State Organization | | | | Local Organization | | | | State President | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State Organization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Organization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State President | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td><input type="checkbox"/> Registration</td> <td colspan="2"></td> <td>\$75.00</td> </tr> <tr> <td></td> <td>Last</td> <td>First</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Luncheon (Mid-Southwest)</td> <td colspan="2"></td> <td>\$60.00</td> </tr> <tr> <td></td> <td>Last</td> <td>First</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Husband</td> <td colspan="2"></td> <td>\$60.00</td> </tr> <tr> <td></td> <td>Last</td> <td>First</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Guest**</td> <td colspan="2"></td> <td>\$60.00</td> </tr> <tr> <td></td> <td>Last</td> <td>First</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Absentee Registration</td> <td colspan="2"></td> <td>\$60.00</td> </tr> <tr> <td></td> <td>Last</td> <td>First</td> <td></td> </tr> <tr> <td></td> <td colspan="2">TOTAL</td> <td>\$</td> </tr> <tr> <td>* INCLUDES LUNCHEON</td> <td colspan="2">**LUNCHEON ONLY</td> <td></td> </tr> </table> | | | <input type="checkbox"/> Registration | | | \$75.00 | | Last | First | | <input type="checkbox"/> Luncheon (Mid-Southwest) | | | \$60.00 | | Last | First | | <input type="checkbox"/> Husband | | | \$60.00 | | Last | First | | <input type="checkbox"/> Guest** | | | \$60.00 | | Last | First | | <input type="checkbox"/> Absentee Registration | | | \$60.00 | | Last | First | | | TOTAL | | \$ | * INCLUDES LUNCHEON | **LUNCHEON ONLY | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Registration | | | \$75.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Last | First | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Luncheon (Mid-Southwest) | | | \$60.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Last | First | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Husband | | | \$60.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Guest** | | | \$60.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Last | First | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Absentee Registration | | | \$60.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Last | First | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TOTAL | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * INCLUDES LUNCHEON | **LUNCHEON ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mail Form & Payment by _____ to:
Regional Financial Secretary: _____

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