



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 | | | | | | |
| 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 | | | | | | |

Registration and Event Sustainability Fee must be paid together.

| | | | | |
|--------------------------|--------------------------|-----------------|-------|-----------|
| <input type="checkbox"/> | Registration | Last | First | \$75.00 |
| <input type="checkbox"/> | Event Sustainability Fee | Last | First | \$20.00 |
| <input type="checkbox"/> | Husband | Last | First | \$60.00 |
| <input type="checkbox"/> | Guest** | Last | First | \$60.00 |
| <input type="checkbox"/> | Absentee Registration | Last | First | \$60.00 |
| | | | | |
| | | 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!