



INTERNATIONAL ASSOCIATION OF MINISTERS' WIVES AND MINISTERS' WIDOWS, INC.
 DR. MARGARET BROWN PAYTON, INTERNATIONAL PRESIDENT

REGIONAL REGISTRATION FORM

SUBMISSION DEADLINE: _____

- | | | |
|---|--|--|
| <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: _____

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"/>	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	

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!