



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!