

**2017 ABWM Convention Registration**

Please fill out the form completely and legibly- Thank you!

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ ( ) \_\_\_\_\_

Church \_\_\_\_\_ Association \_\_\_\_\_

**Program Fees**

Registration ABWM **\$45 Full Time** \$ \_\_\_\_\_

**\$25 Part Time** \$ \_\_\_\_\_

Registration AB Girls **\$35 Full Time** \$ \_\_\_\_\_

Friday Lunch (Board Members) **\$18** \$ \_\_\_\_\_

Part Time Attendees

Saturday Lunch **\$18** \$ \_\_\_\_\_

Saturday Evening Banquet **\$25** \$ \_\_\_\_\_

Total Registration \$ \_\_\_\_\_

Is this your first convention? \_\_\_\_\_

Do you have any special mobility needs? (ie: using a walker, wheelchair, limited mobility) \_\_\_\_\_

**Registrations must be received by April 4<sup>th</sup>, 2017.**

Please mail your Convention **registration and check** made payable to “**ABWM of NYS**” to the conference registrar

Please include a self-addressed stamped envelope if you need a written confirmation of your registration. An acknowledgment will be emailed to the email address provided above.

September Amspacher

P.O. Box 76

Roseboom, New York 13450

**Workshop Choices-** Please include your first and second choice for each session- Many workshops are limited in number. Please register early so that we can make every effort to place you in your first choice.

If you are choosing the Cameron tour, please still make a second choice and a session #3 choice; in case the tour is full. Workshop list and descriptions are attached.

**Session #1** - Choose from #1, #4, #7, #9, #12, #13

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

**Session #2** - Choose from #3, #5, #7, #8, #10, #12, #14 (Cameron tour - 2 hours)

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

**Session #3** - Choose from #2, #3, #4, #6, #7, #11

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_