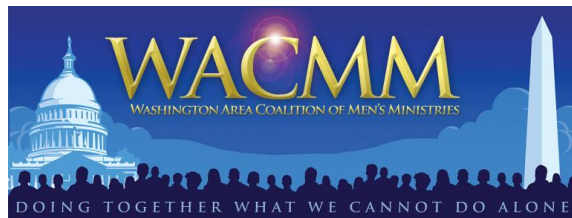


2011 IRON SHARPENS IRON REGISTRATION FORM
April 9, 2011 – Woodstream Church (Mitchellville MD)



THREE WAYS TO REGISTER:

- MAIL: send check/money order enclosed with this form - payable to **WACMM** · Box 2753 · Springfield, VA 22152
- INTERNET: use credit card for individual and group registration(s) at: www.wacmm.org
- FAX: this form to 703.323.5042 (Registration is only complete when payment received)
- PHONE: call us at 703.323.5040 with your credit card information and registration data

Early Registration - Group Rate# of men (___) X **\$39** per person = \$ _____
 (10 or more men registered together. Paid registration must be *received by midnight Monday April 4, 2011*)

Early Registration - Individual Rate# of men (___) X **\$48** per person = \$ _____
 (1 - 9 men registered together. Paid registration must be *received by midnight Monday April 4, 2011*)

Young Men (ages 13-22) (anytime).....# of men (___) X **\$19** per person = \$ _____

Active Duty Military (anytime) # of men (___) X **\$19** per person = \$ _____

Vets Wounded-in-Action in Iraq & Afghanistan attend free..# of men (___) X **\$0** per veteran = \$ _____

Standard Registration after April 4, 2011 # of men (___) X **\$55** per person = \$ _____

Pastors attend free (anytime).....# of pastors (___) X **\$0** per person = \$ _____

Optional Box Lunch (optional but highly recommended)..# of men (___) X **\$8** per person = \$ _____

Ministry gift to WACMM: (Tax deductible. Receipt will be provided) \$ _____

Total Registration: \$ _____

REGISTRATION: Please complete registration and pricing information:

Men's Ministry Leader Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Church's General Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

BILLING: Please check the appropriate boxes, then complete the billing information below.

- My check / Money order *made payable to 'WACMM'* is enclosed.
- Please bill my credit card: (check one) VISA Mastercard

Account No.: _____ - _____ - _____ Exp. Date: ____ / ____

Card holder name: _____ CCV# _____

Card holder phone number: (_____) _____ - _____ (# on back of the card)

Card holder billing street address: _____

City: _____ State: _____ Zip: _____

Card Holder's Signature (*Required for processing) _____

Please Note: THERE ARE NO REFUNDS ON REGISTRATIONS --- WACMM ISI Conferences will be held regardless of weather conditions. Conference registrations however are transferable to alternative future ISI Conferences. Speakers have committed to ISI Conferences. However, due to unforeseen circumstances, substitutions may occur. Video recordings and still photos are taken at the Conference. Registration constitutes permission for WACMM to use these films and photos taken onsite.