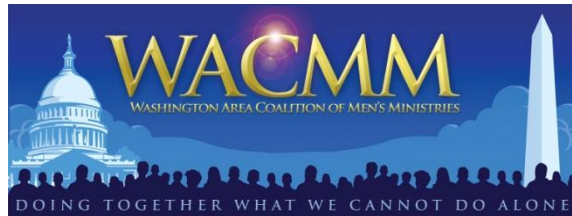


**REGISTRATION FORM**  
**WACMM Mid-Atlantic Men's Conference**  
**Saturday, November 7, 2015 - 8:30 am – 3:00 pm**  
**McLean Bible Church (Vienna VA)**



**THREE WAYS TO REGISTER:**

- MAIL: this form with check payable to "WACMM" or credit card info below to WACMM
- INTERNET: use credit card for individual and group registration(s) at: [www.wacmm.org](http://www.wacmm.org) (online service charge involved)
- PHONE: call us at 240.447.1363 with your credit card information and registration data (5% service charge involved)

Early Registration - Group Rate (LUNCH INCLUDED).....# of men ( \_\_\_ ) X **\$45** per man = \$ \_\_\_\_\_  
 (10 or more men registered and paid together. Paid registration must be received before Tuesday, November 3, 2015)

Early Registration - Individual Rate (LUNCH INCLUDED).....# of men ( \_\_\_ ) X **\$53** per person = \$ \_\_\_\_\_  
 (1 - 9 men registered together. Paid registration must be received before Tuesday November 3, 2015)

Standard Registration after Monday Nov. 2, 2015 (LUNCH INCLUDED)..... # of men ( \_\_\_ ) X **\$60** per person = \$ \_\_\_\_\_

Young Men (ages 13-22) (anytime) (LUNCH INCLUDED).....# of men ( \_\_\_ ) X **\$24** per person = \$ \_\_\_\_\_

Active Duty Military (anytime) (LUNCH INCLUDED).....# of men ( \_\_\_ ) X **\$24** per person = \$ \_\_\_\_\_

Father/Son Combo Discount (before November 3, 2015) (LUNCH INCLUDED) # of combo ( \_\_\_ ) X **\$50** per combo = \$ \_\_\_\_\_

Disabled Veterans attend free (anytime) (LUNCH NOT INCLUDED).....# of vets ( \_\_\_ ) X **\$0** per veteran = \$ \_\_\_\_\_

Pastors attend free (anytime) (LUNCH NOT INCLUDED).....# of pastors ( \_\_\_ ) X **\$0** per person = \$ \_\_\_\_\_

Lunch (for disabled vets and pastors).....# of lunches ( \_\_\_ ) X **\$6** per person = \$ \_\_\_\_\_

Add 5% charge for credit card \$ \_\_\_\_\_

Total Registration Cost: \$ \_\_\_\_\_

**REGISTRATION: Please complete registration:**

Your Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

In what capacity are you serving? Pastor  Church Staff  Men's Leader  Small Group Leader  Church Member/Attender

Church's General Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PAYMENT: Check the appropriate boxes, then complete the billing information below. (Payment must accompany registration)**

- My check (*make payable to 'WACMM'*). Send check with this form to WACMM, 10309 Freeman Place, Kensington MD 20895
- Please bill my credit card: (check one)  VISA  Mastercard

**Send this completed form with payment to WACMM, 10309 Freeman Place, Kensington MD 20895**

Credit Card holder name: \_\_\_\_\_  
 Account No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ CCV# \_\_\_\_\_  
 Card holder billing street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Card holder phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Card Holder's Signature (required for processing) \_\_\_\_\_

**Please Note:** THERE ARE NO REFUNDS OF REGISTRATIONS --- WACMM Conferences will be held regardless of weather conditions. Conference registrations however are transferable to alternative future WACMM Conferences. Speakers have committed to this Conference 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 videos and photos taken onsite.