Adult District Conference Registration Form

August 9-10, 2024 Northern Ohio District Conference

YOU MUST REGISTER BY JULY 28 IF YOU WANT TO ORDER MEALS

Send Registration Forms and checks to: Northern Ohio District, 1107 E. Main Street, Ashland, OH 44805

All delegates must also complete this form. <u>Each congregation must provide a delegate</u> authorization form signed by the church's pastor, moderator, board chair, or <u>clerk</u>. This is verification that the delegate has been chosen by the congregation to represent them at conference.

You may now also register on-line & print www.nohcob.org/register.	nt conference	materials fro	om the	District	Website:
PLEASE PRINT OR TYPE					
Are you a Delegate? ☐ Yes ☐ No					
Congregation Name					
Your Name					
Address					
Street	City	Sta	ate		Zip Code
Phone Number ()	E-mail				
Is this your first conference? Yes No	Do you want	a Conferen	ce Book	? Yes [□ No □
Registration Fee: \$25.00 pre-registration	(\$35.00 on site	e)		\$	<u> 25.00</u>
Choose your meal options: Friday Dinner Saturday Lunch	Sat	urday Dinner			
\$14.00 \$10.00		\$14.00			
Special dietary needs?			Total Me	als: \$_	
Are you attending the Pre-conference event? Do you wish to receive CEU's?		Yes [Yes [No No	=	
Please add together your Registration Fee & (Make checks to "Northern Ohio Distric			Total C	ost: \$_	