

Adult District Conference Registration Form

August 8 - 9, 2025 Northern Ohio District Conference

YOU MUST REGISTER BY JULY 25 IF YOU WANT TO ORDER MEALS

Send Registration Forms and checks to:

Northern Ohio District, 1107 E. Main Street, Ashland, OH 44805 or register on-line & print conference materials from the District Website: www.nohcob.org/register

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

PLEASE PRINT OR TYPE

Are you a Delegate? Yes No

Congregation Name _____

Address _____

Street

City

State

Zip Code

Phone Number (_____) _____ E-mail _____

Is this your first conference? Yes No Do you want a Conference Book? Yes No

Registration Fee: \$25.00 pre-registration (\$35.00 on site) **\$ 25.00**

Choose your meal options:

Friday Dinner

\$12.00

Saturday Lunch

\$8.00

Saturday Dinner

\$12.00

Special dietary needs? _____ Total Meals: \$ _____

Camp Lodging Option:

Friday Night

If a Family, how many are staying?

• \$25.00 ind. or • \$50 for family Friday _____

Saturday Night

• \$25.00 ind. or • \$50 for family Saturday _____

Continental Breakfast included with overnight stay.

(People staying at the camp will need to bring their own bedding and towels.)

Total Lodging: \$ _____

Are you attending the Pre-conference event? Yes No

Do you wish to receive CEU's? Yes No

Are you attending the Ice Cream Social Friday after worship? Yes No

(The cost is included in registration fees.)

Please add together your Registration Fee, Meal Costs, and Lodging (Make checks to "Northern Ohio District")

Total Cost: \$ _____