

# REGISTRATION

First Name\_\_\_\_\_ Last Name\_\_\_\_\_

Contact#\_\_\_\_\_ Amount enclosed\_\_\_\_\_

Church Home\_\_\_\_\_

\_\_\_ I will be attending the entire conference/including meals \$35.00

\_\_\_ I will be attending Saturday conference/ including meals \$30.00

\_\_\_ I will be attending the Workshops & Sessions/no meal \$20.00

\_\_\_ I will be attending the evening Session 1 (8/10) \$5.00

\_\_\_ I will be attending the evening Session 2 (8/11) \$5.00

Space is limited. Registration deadline 8/3/12

## Send Check & Registration to:

Hope Christian Fellowship  
Attn: Mallory Mason (Event Treasurer)  
116 7th Street NW  
North Canton, OH 44720

Our overnight guests can make  
reservations at the Best Western in  
North Canton  
6889 Sunset Strip NW  
330.497.8799

MAKE CHECKS PAYABLE TO  
HOPE CHRISTIAN FELLOWSHIP.  
WRITE "WOMEN'S CONFERENCE"  
IN MEMO