

**The Young People's Department
OF THE Woman's Auxiliary to the
National Baptist Convention, USA, Incorporated**

**Dr. Jerry Young,
President, NBC, USA, Incorporated**

Sister Sonjia Daniels
Western Region Director
2893 Wiltshire Way
West Valley City, Utah 84119
sonjiadaniels@gmail.com
1 801-965-1214

**The Western Regional Youth Conference
July 5 – 7, 2017**

**Holiday Inn Hotel & Suites Overland Park West
8787 Reeder Rd., Overland Park, Kansas 66214**

**Room rate \$119 incl breakfast for up to 4 people per room / Group Code: NBC
1 (888) 825 7538**

Conference Registration Form

Sister Agnes Haynes, Woman's Auxiliary Vice President
Western Woman's Region Director

Dr. Marian Hockenull
National YPD Director

Sister Cynthia Smith,
President Woman's Auxiliary

PLEASE SUBMIT FORM AND FEES TO:

WOMAN'S AUXILIARY OFFICE
P.O. BOX 442420

Detroit, MI 48224

Deadline: **June 24, 2017**

Money Orders or Cashier's Checks ONLY

Payable to: "Woman's Auxiliary, NBC, USA, Inc.

(Memo: Western Regional YPD)"

"On-Site Registration -- \$10.00 Late Fee"

CONTACT PERSON: _____
State / Local Person: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone Number: _____ **E-mail:** _____
Church Name: _____ **Pastor:** _____
State Convention: _____
State Director: _____
District Director: _____

**Theme: "Envisioning the Future Exceptionally:
Through Our Commitment to Christian Stewardship"
Jeremiah 29:11; I Corinthians 4:12**

CONFERENCE REGISTRANT @ \$50.00	AGE	A	B	C	D	E	Each Person Total
Everyone must register (including staff, committees, teachers)							
Ex. Jamie Doe	\$50	12	\$ 10				\$60.00
1.							
2.							(see back)

Total Registrants _____ **x \$50 = \$** _____
A. Total – On Site Registration (late fee): \$ 10.00 x _____ **= \$** _____
B. Total – Queen's Review _____ **N/A**
C. Total – Rose Pageant _____ **N/A**
D. Total – Scholarship _____ **N/A**
E. Total Number of Participants for "Rites of Passage" NA _____
Total any other fees collected: \$ _____ **(what are other fees for: _____)**
Grand Total Amount Submitted \$ _____

OFFICE USE ONLY

Amount Received: \$ _____ Cashier's Check Money Order Cash

Date Received: _____ Authorized Signature: _____

CONFERENCE REGISTRANT @ \$50.00		AGE	A	B	C	D	E	Each Person Total
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<i>Ex. Jamie Doe</i>	\$50	12	\$10					\$60.00
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Enter Totals on Page 1								