

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  
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 West Valley City, Utah 84119  
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 1-801-906-1704

The Western Regional Youth Conference  
**Date of Conference:** July 18- July 20, 2018  
**Name and Phone Number of Hotel:** Doubletree 844-253-1057  
**Address of Hotel:** 3203 Quebec St.  
 Denver, CO 80207  
 Room rate \$ 125 CODE: WRYC2018

**Conference Registration Form**

Sister Agnes Haynes, Woman's Auxiliary Vice President

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 44240  
 Detroit MI 48224  
 Deadline: June 14, 2018  
 Money Orders or Cashier's Checks ONLY  
 Payable to: "Woman's Auxiliary, NBC, USA, Inc."  
 (Memo: Western Regional YPD)

**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; 1 Corinthians 4:12*

CONFERENCE REGISTRANT @ \$50.00 Everyone must register (Including staff, committees, teachers)	AGE	A	B	C	D	E	Each Person Total
<i>Ex. Jamie Doe</i>	\$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: \_\_\_\_\_