

**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 Mary Jordan - Smith
Southwest Region Director
3295 Albermarle Road
Jackson, MS 39213
NAVIGATOR@MAXXconnect.net
1-601-278-7772

The Southwest Regional Youth Conference

Date of Conference: June 25-27, 2018
Name and Phone Number of Hotel: Hotel Capstone 1-800-477-2262
Address of Hotel: 320 Paul W. Bryant Drive
Tuscaloosa, AL 35401
Room rate \$ 120 CODE:SWRYCA62518

Conference Registration Form

Dr. Hilda Guillory, 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 442420
Detroit, MI 48224

Deadline: June 8, 2018

Money Orders or Cashier's Checks ONLY
Payable to: "Woman's Auxiliary, NBC, USA, Inc."
(Memo: Southwest 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: _____