

# Delegate Registration

## Young People's Department



**NATIONAL BAPTIST CONVENTION, USA, INC.**

DR. JERRY YOUNG, President

DR. CALVIN MCKINNEY, General Secretary

Sister Cynthia Perkins Smith, Woman's Auxiliary President  
 Dr. Marian Hockenhull, Young People's Department Director

Date \_\_\_\_\_ Convening With \_\_\_\_\_

Personal ID Number _____ First Time Attendee? _____ Yes _____ No (Years Attended) _____
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# Mid-Winter Board Meeting

**State Convention** \_\_\_\_\_ **President** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Church Youth Director \_\_\_\_\_

District Association \_\_\_\_\_ District President \_\_\_\_\_

State Women's President \_\_\_\_\_ State Director - YPD \_\_\_\_\_

REGISTRATION CATEGORIES		
Category	Code	Amount
Representation	009014	\$50.00
Baptist World Center	009013	

**TOTAL \$** \_\_\_\_\_

<b>METHOD OF PAYMENT:</b>		<input type="checkbox"/> Check – Check Number _____	<input type="checkbox"/> Cash – Onsite Only
		Payable to: National Baptist Convention, USA, Inc.	(DO NOT MAIL CASH)
<input type="checkbox"/> Credit Card – Name on Card _____	Signature/Date: _____		
(Cards Accepted: MC, Visa)			
Card Number: _____	Expiration Date: _____		
Received By: _____	Date Received: _____		

PLEASE RETURN FORM TO:  
**NATIONAL BAPTIST CONVENTION, USA, INC. REGISTRATION OFFICE**  
 1700 Baptist World Center Drive – Nashville, TN 37207 - (615) 228-6292  
**(White: Registration/Finance | Yellow: Auxiliary | Pink: Delegate)**