

Delegate Registration

National Ushers and Nurses Auxiliary
Mr. James McHenry, President



National Baptist Convention, USA, Inc.

Dr. Julius R. Scruggs, President
Dr. Calvin McKinney, General Secretary

Personal ID Number _____
First time Attendee? _____ Yes _____ No
(Years Attended _____)

DATE _____

NAME:	CHURCH NAME:
ADDRESS:	ADDRESS:
CITY:	City State Zip
STATE:	PASTOR:
ZIP:	YOUR STATE CONVENTION:
TELEPHONE:	YOUR STATE USHERS PRESIDENT:
FAX:	YOUR STATE NURSES PRESIDENT:
EMAIL ADDRESS:	

REGISTRATION	CODE	JANUARY MID-WINTER	AMOUNT	SEPTEMBER SESSION	AMOUNT	CODE	AMOUNT
STATE USHERS	(5001)		\$100.00		\$125.00	(5001)	
STATE NURSES	(5002)		\$100.00		\$125.00	(5002)	
DISTRICT USHERS	(5003)		\$80.00		\$100.00	(5003)	
DISTRICT NURSES	(5004)		\$80.00		\$100.00	(5004)	
CHURCH USHERS	(5005)		\$50.00		\$50.00	(5005)	
CHURCH NURSES	(5006)		\$50.00		\$50.00	(5006)	
NATIONAL PRESIDENT	(5007)		\$100.00		\$125.00	(5007)	
NATIONAL VICE PRESIDENT	(5008)		\$100.00		\$125.00	(5008)	
NATIONAL OFFICERS	(5009)		\$75.00		\$100.00	(5009)	
NATIONAL CHAIRPERSON/CO	(5010)		\$40.00		\$50.00	(5010)	
PERSONAL ENROLLMENT	(5011)		\$40.00		\$50.00	(5011)	
CLASS REGISTRATION					\$10.00	(5012)	
BANQUET						(5013)	
KING & QUEEN						(5014)	
LUNCHEON						(5015)	
NAACP						(5016)	
HOME MISSION						(5017)	
FOREIGN MISSION						(5018)	
WORLD CENTER						(5019)	

Total \$ _____

<p>METHOD OF PAYMENT: _____ Check — Check# _____ Cash — On-site Only</p> <p>Payable to: National Convention, USA, Inc.</p> <p>Received by: _____ Date Received: _____</p>

PLEASE RETURN THIS FORM TO:
Registration Office Baptist World Center
1700 Baptist World Center Drive – Nashville, TN 37207 – (615) 228-8292
(White: Registration/Finance — Yellow: Auxiliary — Pink: Delegate)