

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

**Dr. Julius R. Scruggs,
President, NBC, USA, Incorporated**

Mrs. Wanda S. Hines
Midwest Region Director
4302 Towne Court
Indianapolis, IN 46254-3410
wandahinesdirector@sbcglobal.net

The Midwest Regional Youth Conference
August 1 - 3, 2013
Holiday Inn St. Paul East - 3M (651-731-2220)
2201 Burns Ave., St. Paul, MN 55119
Room Rate: \$89.00

Conference Registration Form

Dr. Claudia Fowler, Woman's Auxiliary Vice President
Midwest Woman's Region Director

Dr. Marian Hockenull
National YPD Director

Dr. Hugh Dell Gatewood
President Woman's Auxiliary

PLEASE SUBMIT FORM AND FEES TO:

WOMAN'S AUXILIARY OFFICE
P.O. BOX 16220

HOUSTON, TX 77222
Registration Deadline: July 1, 2013
MONEY ORDERS / CASHIERS CHECKS "ONLY"
Payable to: *"Woman's Auxiliary, NBC, USA, Inc.*
(Memo: Midwest Regional YPD)"

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

"Solidarity with the Savior Through His Works"

Matthew 5:16, John 10:32, Titus 2:14, Hebrews 13:21

CONFERENCE REGISTRANT @ \$50.00	AGE	A	B	C	D	E	Each Person Total
Everyone must register (including staff, committees, teachers)							
<i>Ex. Jamie Doe</i>	\$50	12				\$20.00	\$70.00
1.							
2.							
3.							
4.							
5.							(See back)

Total Registrants _____ **x \$50 = \$** _____ **"No On Site Registration"**

A. Total - Director's March NA _____ **x \$** _____ **= \$** _____

B. Total - Queen's Review NA _____ **x \$** _____ **= \$** _____

C. Total - Rose Pageant NA _____ **x \$** _____ **= \$** _____

D. Total - Scholarship NA _____ **x \$** _____ **= \$** _____

E. Prayer Breakfast Tickets _____ **x \$20.00** _____ **= \$** _____

Total 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>	<i>\$50</i>	<i>12</i>					<i>\$20.00</i>	<i>\$70.00</i>
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Enter Totals on Page 1								