

**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 2 – 4, 2012
Intercontinental Hotel Cleveland (1 216-707-4300)
9801 Carnegie Ave., Cleveland, OH 44106
Room Rates: \$90.00 + all applicable taxes (Fax 1 216 707 4395)

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 2, 2012
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 Worship "



John 4:23; Psalm 27:4; Philippians 3:3; Revelations 19:10

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				\$25.00	\$75.00
1.							
2.							
3.							
4.							
5.							(See back)

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

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

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

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

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

E. Prayer Breakfast Tickets _____ **x \$25.00** _____ **= \$** _____

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: _____

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Enter Totals on Page 1								