

BAPTIST EDUCATIONAL CONGRESS OF THE DISTRICT OF COLUMBIA & VICINITY

www.BECongress.org

REGISTRATION FORM

75th Annual Session - May 7 through May 11, 2018

Make Your Check Payable to the Baptist Educational Congress

Mail Registration Form and Payment by April 30, 2018, to:

Baptist Educational Congress of DC and Vicinity

1409 E Street SE ♦ Washington, DC 20003

REGISTRATION FEE – PLEASE CHECK ONE

- CATEGORY A \$1000.00 – Covenant Partner
- CATEGORY B \$500.00 – Unlimited Delegates
- CATEGORY C \$400.00 – 26-35 Delegates
- CATEGORY D \$300.00 – 16-25 Delegates
- CATEGORY E \$200.00 – Maximum of 15 Delegates
- CATEGORY F \$100.00 – Churches with fewer than 50 members. Maximum of 10 Delegates.
\$10 each person above 10.
- CATEGORY G \$25.00 – Individual Registration

Amount Paid \$ _____

Name: _____

(Person completing registration)

Email: _____ Phone #: _____

Church Name: _____

Church Address: _____

Church Email: _____ Church Phone #: _____

Pastor's Name: _____

National Convention Affiliation (check one):

National Baptist Convention USA, Inc.

Progressive National Baptist Convention

Name of CE Director or SCS Superintendent _____

Email: _____

Office Use

Amount Paid _____ Date _____ Form of Payment _____ Rec'd by _____

BAPTIST EDUCATIONAL CONGRESS OF THE DISTRICT OF COLUMBIA & VICINITY
REGISTRATION FORM – Mail with Payment by April 20, 2018

Church Name: _____

Page _____

1.) Delegate: _____ Mobile or Email: _____

Course Name: _____ Course #: _____

2.) Delegate: _____ Mobile or Email: _____

Course Name: _____ Course #: _____

3.) Delegate: _____ Mobile or Email: _____

Course Name: _____ Course #: _____

4.) Delegate: _____ Mobile or Email: _____

Course Name: _____ Course #: _____

5.) Delegate: _____ Mobile or Email: _____

Course Name: _____ Course #: _____

6.) Delegate: _____ Mobile or Email: _____

Course Name: _____ Course #: _____

7.) Delegate: _____ Mobile or Email: _____

Course Name: _____ Course #: _____

8.) Delegate: _____ Mobile or Email: _____

Course Name: _____ Course #: _____

9.) Delegate: _____ Mobile or Email: _____

Course Name: _____ Course #: _____

10.) Delegate: _____ Mobile or Email: _____

Course Name: _____ Course #: _____

11.) Delegate: _____ Mobile or Email: _____

Course Name: _____ Course #: _____

12.) Delegate: _____ Mobile or Email: _____

Course Name: _____ Course #: _____

Please make copies of this form if needed