

BAPTIST EDUCATIONAL CONGRESS OF THE DISTRICT OF COLUMBIA & VICINITY

www.BECongress.org

REGISTRATION FORM

76th Annual Session ♦ May 6 - 10, 2019

Make Your Check Payable to Baptist Convention of DC and Vicinity

Mail Registration Form and Payment by *April 22, 2019*, to:

BEC ♦ 1409 E Street SE ♦ Washington, DC 20003

REGISTRATION FEES

\$35.00 per person

eQuip Course - \$49.00 per person

_____ Total number registered @ \$35.00

_____ Total number registered @ \$49.00

Amount Paid \$ _____

Name: _____

(Person completing registration form)

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 Christian Education Director: _____

Email: _____ Phone #: _____

Name of Sunday School Superintendent: _____

OFFICE USE

Date _____

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

BAPTIST EDUCATIONAL CONGRESS OF THE DISTRICT OF COLUMBIA & VICINITY
REGISTRATION FORM – Mail with Payment by April 22, 2019

Church Name: _____

Page _____ of _____

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 as Needed