

Delegate Registration

Ushers and Nurses Auxiliary

Dr. Brenda L. Eason, President



NATIONAL BAPTIST CONVENTION, USA, INC.

DR. JERRY YOUNG, President

DR. ALVIN EDWARDS, General Secretary

Date _____ Convening With _____

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

ANNUAL SESSION

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____
 ZIP: _____
 TELEPHONE: _____
 FAX: _____
 EMAIL ADDRESS: _____

CHURCH NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____
 ZIP: _____
 PASTOR: _____
 YOUR STATE CONVENTION NAME: _____
 YOUR STATE USHERS PRESIDENT: _____
 YOUR STATE NURSES PRESIDENT: _____

REGISTRATION	CODE	January Mid-Winter Mtg.	Amount
STATE USHERS	5001		\$100.00
STATE NURSES	5002		\$100.00
DISTRICT USHERS	5003		\$80.00
DISTRICT NURSES	5004		\$80.00
CHURCH USHERS	5005		\$50.00
CHURCH NURSES	5006		\$50.00
NATIONAL PRESIDENT	5007		\$100.00
NATIONAL VICE PRESIDENT	5008		\$100.00
NATIONAL OFFICERS	5009		\$75.00
NATIONAL CHAIRPERSON/CO	5010		\$40.00
PERSONAL ENROLLMENT	5011		\$40.00
BANQUET			
EVANGELISM			

Code	September Annual Session	Amount	AMOUNT PAID
5001		\$125.00	
5002		\$125.00	
5003		\$100.00	
5004		\$100.00	
5005		\$50.00	
5006		\$50.00	
5007		\$125.00	
5008		\$125.00	
5009		\$100.00	
5010		\$50.00	
5011		\$50.00	
5013		\$50.00	
5020			

TOTAL \$ _____

METHOD OF PAYMENT: Check – Check Number _____ Payable to: National Baptist Convention, USA, Inc. Cash – Onsite Only (DO NOT MAIL CASH)

Credit Card – Name on Card _____ Signature/Date: _____
 (Cards Accepted: MC, Visa)

Card Number: _____ Expiration Date: _____

Received By: _____ Date Received: _____

PLEASE RETURN FORM TO:
NATIONAL BAPTIST CONVENTION, USA, INC. REGISTRATION OFFICE
 1700 Baptist World Center Drive – Nashville, TN 37207 - (615) 228-6292

(White: Registration/Finance | Yellow: Auxiliary | Pink: Delegate)