

# SUMMER CONFERENCE 2010 [JUNE 4-5, 2010]

In order to qualify for a group, a group leader must be selected and all registrations must be turned in together by May 24th. You only need 4 or more people to qualify for the group rate.

## Group Leader Personal Information

### Group Member #1

Name \_\_\_\_\_

Rev. Dr. Mr. Mrs. Ms. Miss.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone  Church  Home \_\_\_\_\_

email \_\_\_\_\_

Include Meal Package (Friday Dinner, Saturday Lunch) \$18

Include Saturday Lunch \$8

### Group Member #2

Name \_\_\_\_\_

Rev. Dr. Mr. Mrs. Ms. Miss.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

Include Meal Package (Friday Dinner, Saturday Lunch) \$18

Include Saturday Lunch \$8



### Group Member #3

Name \_\_\_\_\_

Rev. Dr. Mr. Mrs. Ms. Miss.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

Include Meal Package (Friday Dinner, Saturday Lunch) \$18

Include Saturday Lunch \$8

### Group Member #5

Name \_\_\_\_\_

Rev. Dr. Mr. Mrs. Ms. Miss.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

Include Meal Package (Friday Dinner, Saturday Lunch) \$18

Include Saturday Lunch \$8

### Group Member #4

Name \_\_\_\_\_

Rev. Dr. Mr. Mrs. Ms. Miss.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

Include Meal Package (Friday Dinner, Saturday Lunch) \$18

Include Saturday Lunch \$8

### Group Member #6

Name \_\_\_\_\_

Rev. Dr. Mr. Mrs. Ms. Miss.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

Include Meal Package (Friday Dinner, Saturday Lunch) \$18

Include Saturday Lunch \$8

**Group Member #7**

Name \_\_\_\_\_

Rev. Dr. Mr. Mrs. Ms. Miss.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

 Include Meal Package (Friday Dinner, Saturday Lunch) \$18 Include Saturday Lunch \$8**Group Member #9**

Name \_\_\_\_\_

Rev. Dr. Mr. Mrs. Ms. Miss.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

 Include Meal Package (Friday Dinner, Saturday Lunch) \$18 Include Saturday Lunch \$8**Group Member #8**

Name \_\_\_\_\_

Rev. Dr. Mr. Mrs. Ms. Miss.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

 Include Meal Package (Friday Dinner, Saturday Lunch) \$18 Include Saturday Lunch \$8**Group Member #10**

Name \_\_\_\_\_

Rev. Dr. Mr. Mrs. Ms. Miss.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

 Include Meal Package (Friday Dinner, Saturday Lunch) \$18 Include Saturday Lunch \$8**TOTAL GROUP REGISTRATIONS AND PAYMENT INFORMATION****REGISTRATIONS**

	Number registered		Total
Conference Registration	_____	x \$65 =	_____
Meal Package (1 dinner, 1 lunch)	_____	x \$18 =	_____
Saturday Lunch	_____	x \$8 =	_____

TOTAL CONFERENCE COST \_\_\_\_\_

**PAYMENT INFORMATION** Check (payable to GCTS) Credit Card (Visa, Mastercard, Discover, American Express)

CC# \_\_\_\_\_

Expiration \_\_\_\_\_

1. Phone 1.800.294.2774

2. Fax 978.646.4565

3. Mail to: The Ockenga Institute

Gordon-Conwell Theological Seminary

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