



2007 NATIONAL CONFERENCE

THE CHURCH

JUNE 28-30, 2007  DANVILLE, KENTUCKY

Registration Form

(Rev., Mr., Mrs., or Miss)

Name

Address

City, State, Zip

E-mail address

Phone

Registration Fees

	Early Registration on or <i>Before</i> May 30th	Full Cost on or <i>After</i> June 1st
Adult(s)	_____ x \$50	_____ x \$60
Children (ages 4 to 18)	_____ x \$5	_____ x \$7
<i>Children ages 3 and under are FREE</i>		
Meals: _____ \$10.00 per person for 3 meals (Thursday Dinner, Friday Lunch, Friday Dinner)		
Optional: Dorm (Kentucky School for the Deaf) \$10 per person per night. ____ Thursday June 28th ____ Friday June 29th ____ Saturday June 30th Select 2 or 3 nights, and mark the number of people. Ages 3 and under are free at KSD dorm.		

I am unable to attend the conference, but please send me the 2007 SGDC DVD's. I have enclosed \$45 for the DVD's and shipping.

Method of Payment:

Paid by: Cash Check # _____ Credit Card

Credit Card #

Exp. date

CVS Code *3 digits on the back of credit card (required)*

Signature

Total Fees: \$ _____

Refund Policy: Full refunds are made upon written request if received by June 1, 2007. After this date, no refunds will be accepted.

We will provide some activities for the children and a nursery. Please list all the children's names and ages.

Name:

Age:

Deaf or Hearing:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Make checks payable to Deaf Reformed Ministries and mail to:
SGDC, c/o Deaf Reformed Ministries, P.O. Box 98, Odenton, Maryland 21113