

Registration Form

Name: \_\_\_\_\_ Office: \_\_\_\_\_

Address: \_\_\_\_\_

Bethel # \_\_\_\_\_

Number		Amount	Total
_____	Dues	\$30.00	_____
_____	Dinner	\$15.00	_____
_____	Breakfast	\$6.00	_____
_____	Registration Fee	\$5.00	_____
_____	Total Due With Registration		_____

Cut Here \_\_\_\_\_

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