

REGISTRATION FORM

AGRM Multi-District Training Institute - February 20 through February 22, 2012

Name(s) of all those attending: _____

Mission: _____

Email: _____ Phone: _____

Address: _____
Street, P.O. Box City State Zip

- Registration by February 13, 2012: \$40.00 per person**
- Registration after February 13, 2012: \$45.00 per person**

Number of registrations: _____ Amount enclosed: \$ _____

The following information is very important for our Foodservice Department and for reservations Tuesday night. Please fill in how many from your mission will be present at each meal:

Dinner (at the mission) - Monday, February 20: _____

Lunch (at the mission) - Tuesday, February 21: _____

Dinner (away from the mission) - Tuesday, February 21: _____

Lunch (at the mission) - Wednesday, February 22: _____

Mail payment along with this completed form to Haven of Rest Ministries, Attention J. Cole, 175 E. Market St., Akron, OH 44308-0547.

—OR—

Fax this form *with your credit card information* to 330.535.8917.

Name on credit card: _____

Address: _____

Telephone: _____

Discover _____ Mastercard _____ Visa _____ American Express _____

Credit Card No. _____

Expiration date: Month _____ Year _____

Amount: \$ _____