

**2009 Eastern North Carolina Ministries Training Conference  
NON-CHURCH OF GOD DELEGATE REGISTRATION FORM**

**Date: Saturday, September 19, 2009**  
**Location: Cary Church of God • 107 Quade Drive • Cary, NC 27513**  
**Time: 9:00 AM - 3:00 PM**

**\$50.00 Per Person** (Fee includes conference materials and lunch.)  
**REGISTRATION DEADLINE: SEPTEMBER 3, 2009**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_



Indicate the Sessions you plan to attend:

SESSION I	SESSION II	SESSION III	SESSION IV
<input type="checkbox"/> Pastors Only _____	<input type="checkbox"/> Pastors Only _____	<input type="checkbox"/> Pastors Only _____	<input type="checkbox"/> Pastors Only _____
<input type="checkbox"/> Men's Ministry _____	<input type="checkbox"/> Men's Ministry _____	<input type="checkbox"/> Ministry to the Military _____	<input type="checkbox"/> Ministry to the Military _____
<input type="checkbox"/> Music _____	<input type="checkbox"/> Music _____	<input type="checkbox"/> Music _____	<input type="checkbox"/> Music _____
<input type="checkbox"/> Prison Ministry _____	<input type="checkbox"/> Prison Ministry _____	<input type="checkbox"/> Senior Adult Ministry _____	<input type="checkbox"/> Senior Adult Ministry _____
<input type="checkbox"/> Women's Ministries _____	<input type="checkbox"/> Women's Ministries _____	<input type="checkbox"/> Women's Ministries _____	<input type="checkbox"/> Girls Ministries _____
<input type="checkbox"/> Youth Ministry _____	<input type="checkbox"/> Youth Ministry _____	<input type="checkbox"/> Youth Ministry _____	<input type="checkbox"/> Youth Ministry _____
<input type="checkbox"/> Children's Ministry _____	<input type="checkbox"/> Children's Ministry _____	<input type="checkbox"/> Children's Ministry _____	<input type="checkbox"/> Children's Ministry _____
<input type="checkbox"/> Photoshop _____	<input type="checkbox"/> Photoshop _____	<input type="checkbox"/> Photoshop _____	<input type="checkbox"/> Photoshop _____

Complete this form in its entirety and return with fees to:  
 Youth Department • Post Office Box 100 • Kenly, North Carolina 27542  
 Make checks payable to: Church of God State Fund  
 Telephone: 919.284.3039 Facsimile: 919.284.2070 [www.encyog.org](http://www.encyog.org)  
**Registration Deadline: September 3, 2009 (non-refundable)**