



EDUCATORS' CONVENTION REGISTRATION FORM

Name of School:		Name of Administrator/Principal:
Name of Church:		Name of Pastor:
Address:		
Tel. #:	Fax #:	Email Address:
Convention Venue:		Convention Date:

(Please fill-in delegates complete name clearly. Attach separate sheet for additional delegates.)

NAME	DESIGNATION
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Contact Person: _____ Total No. of Delegate(s): _____ Total Amount: _____