

CHURCH NAME:	LEADER NAME:								
ADDRESS:		_ CITY:	ZIP CODE						
F 844U.		РНС	ONE NUMBER: ()						
Please check one:	WMU of North Carolina		South Carolina WMU						
<b>Registration Fees</b>									
Early Bird Registration (	must be postmarked by August 1, 201	L5): # of Gu	uests @ \$88.00/person						

Late Registration (After August 1, 2015): # Guests \_\_\_\_\_ @ \$98.00/person

## **Method of Payment:**

By Check: Please make checks payable to WMU NC and mail to:

> WMU NC PO Box 18309 Raleigh, NC 27619-8309

## By Credit Card:

Card Number

							 				_				
Expiration Date					:	Sec	uri	ty (	Coc	le (	3 d	ligit	t)		

Month

Year

Name

Please print as shown on credit card

Authorized Signature

As shown on credit card Street Address

As shown on credit card billing statement

Zip Code \_

As shown on credit card billing statement

You may also register online at www.wmunc.org