2008 MACP Registration Form

Title: _____ Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Telephone: ( ) _____

Fax: ( ) _____ E-Mail: _____

Church Info: _____

Additional Registrants:

Title: _____ Name: _____

Title: _____ Name: _____

_____ **Please add me to the MACP/DBTS mailing list.**

* * * *

Transportation Assistance

We provide courtesy pick-up and drop-off service for those flying into **Detroit-Wayne County Airport (DTW).** Please provide complete information regarding your flight plans. Transportation is also provided daily to and from the conference hotel.

_____ **YES**, I will be flying in for the conference and need to be picked up.
_____ **NO**, I do not need transportation assistance.

Financial Summary

Registration Fee	$_____
Accommodations (see details on reverse side)	$_____
TOTAL AMOUNT	$_____
Amount Enclosed (U.S. funds)	$_____

Make checks payable to *Detroit Baptist Theological Seminary*

Balance Due at Conference	$_____

You may submit your completed registration by . . .

Mail: Mid-America Conference on Preaching
c/o DBTS 4801 Allen Rd. Allen Park, MI 48101
Fax: (313) 381-0798
Email: macp@dbts.edu