

MACP 2011 Registration Form

October 20-21

Title: _____ Name: _____

Street Address/P.O. Box: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Telephone: () _____

Fax: () _____ E-Mail: _____

Church Info: _____

Additional Registrants:

Title: _____ Name: _____

Title: _____ Name: _____

Conference Registration

*To qualify for the discount rate your registration must be completed online, faxed, or postmarked, on or before Wednesday, **October 12th**.*

Preachers: \$50 each x _____ = \$ _____ Late registration rate = \$60

Ladies: \$10 each x _____ = \$ _____ Late registration rate = \$15

College/Seminary Students (No Charge)—Your school: _____

Accommodations

Church Family Housing (Limited space available at no cost.)

_____ # Men _____ # Women W Th F

Hotel Reservations [Best Western Greenfield Inn—Allen Park, MI]

Single occupancy rate* W Th F

\$60/night x _____ night(s) = \$ _____

Multiple occupancy rate* W Th F

\$30/person/night x _____ # people x _____ night(s) = \$ _____

Sub-total Accommodations \$ _____

*Note: This rate is limited to two nights. It is based on a group rate which is then subsidized by ICBC. A third night would be billed at the unsubsidized group discount rate (approximately \$90 per room plus taxes/fees).

Childcare Requested

_____ **YES**, I do need childcare assistance as indicated below.

_____ **NO**, I do not need childcare assistance.

Thursday, October 20th

(9:00-11:50 a.m.)

children: _____ Ages: _____

Friday, October 21st

(9:00-11:50 a.m.)

children: _____ Ages: _____

*Childcare will also be available for all pre-school age children during the Thursday evening service (7:00-8:30 p.m.).

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, Best Western Greenfield Inn of Allen Park, MI.

_____ **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