

2019 CHRISTIAN EDUCATION SUMMIT



January 18-19, 2019

DR. TIMOTHY TEE BODDIE
GENERAL SECRETARY

DR. TIMOTHY STEWART
PRESIDENT

Title: _____ Name: _____

Address: _____

City/State/Zip _____

Telephone: Home: _____ Cell: _____

Email: _____

Church: _____

Address: _____

Church Position: _____

Is this your first time attending the PNBC CE Summit? Yes _____ No _____

Do you have any dietary restrictions? Explain _____

Do you require any special accommodations? Explain _____

REGISTRATION \$150.00 INCLUDES MEALS

Method of Payment: Check Money Order Credit Card
 AMEX VISA Mastercard Discover

Credit Card # _____ Expiration Date: _____

Please Print Name as it Appears on Card: _____

Signature of Cardholder: _____

Do not type in the Signature field above if you intend to print and sign this form.