

# Registration Information

## (NO PARTIAL PAYMENTS)

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\$140.00 - Must be Postmarked By September 25, 2010

\$165.00 - Must be Postmarked By October 23, 2010

\*No post dated checks accepted

\*\*\*\*Young Adults (18-30) reduced rate – \$100.00\*\*\*\*

After October 23rd pay On-Site \$190.00

(CASH or MONEY ORDER ONLY)

NO EXCEPTIONS!

### Mail Registration to:

Doris Ferree, 168 Brooks Landing Dr., Winston-Salem, NC 27106

Phone (Day or Evening): 336-923-9807

Email: [DHDFerree@aol.com](mailto:DHDFerree@aol.com)

### Hotel Information:

**Hotel Accommodations:** Embassy Suites, 5055 International Blvd., North Charleston, SC 29418

Phone for Reservations: 1-843-747-1882 Fax: 1-843-725-1300

Check-in - 3:00 p.m. and check-out – 11:00 a.m..

**Hotel Rate:** \$129.00 (single/double), \$139.00 (triple) and \$149.00 (quadruple), plus 12.50% tax. Please specify that you are attending the SEJ Black Methodists for Church Renewal Annual Meeting to secure the room rates. **The block of rooms is available until September 27, 2010.** The hotel does have **Shuttle Service** to/from the airport.

***Please make your reservations soon!***

### Patrons, Ads & Exhibitors

**\*Deadline: Saturday, October 1, 2010**

#### Patrons and Ads

	<u>Black &amp; White</u>	<u>Color</u>
Full Page	\$100	\$200
Half Page	\$50	\$100
One-Fourth	\$25	\$50
Business Card	\$20	\$40
Inside Back Cover	\$300	\$400
Back Cover	\$200	\$300
Patrons	\$10.00	

**All ads must be camera ready.**

**Exhibit (displays) only** Thursday thru Saturday cost -\$100.00. There will be no vendors (businesses with items to sell). Forms are attached.

**Please mail all patrons, ads and exhibitor forms with payment to - Doris Ferree, 168 Brooks Landing Dr., Winston-Salem, North Carolina 27106. Email: [DHDFerree@aol.com](mailto:DHDFerree@aol.com) No later than Friday, October 1, 2010.**

**SEJ – BMCR, Inc. 42<sup>nd</sup> Annual Meeting**  
**October 28-October 30, 2010**  
**REGISTRATION FORM**

PLEASE MAKE CHECKS PAYABLE TO: SEJ BMCR

Mail to: Mrs. Doris Ferree  
168 Brooks Landing Dr.  
Winston-Salem, North Carolina 27106  
Phone: 336-923-9807

**CHECK and/or MONEY ORDER MUST BE ENCLOSED WITH FORM TO CONFIRM  
REGISTRATION**

**Any check returned for non-sufficient funds will be charged a \$25 processing fee!**

PLEASE PRINT ALL REQUESTED INFORMATION

( )Mr. ( )Mrs. ( )Ms. ( )Rev. ( )Dr. Other \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Email \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ANNUAL CONFERENCE: \_\_\_\_\_

LOCAL CHURCH: \_\_\_\_\_ Is this your 1<sup>st</sup> meeting? \_\_\_ No \_\_\_ Yes

WHAT LOCAL CHURCH POSITIONS OR MINISTRIES ARE YOU INVOLVED IN?

\*THE PERSONAL INFORMATION ABOVE CAN INCLUDED IN THE SEJ DIRECTORY \_\_\_ YES \_\_\_ NO

**REGISTRATION FEE\* (NO PARTIAL PAYMENTS)**

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Early Registration Postmarked by September 25, 2010 - \$140.00

September 26 – October 23, 2010 - \$165.00

After October 23, 2010 pay On-Site - \$190.00

*Checks Must be Postmarked By October 23, 2010, no post dated checks accepted*

**On-Site \$190.00 (CASH or MONEY ORDER ONLY!!!)**

**\*REGISTRATION FEE INCLUDES:**

Registration\Materials, 1 Luncheon Ticket, 1 Banquet Ticket & SEJ BMCR Membership Dues 2010-2011

NOTE: Additional Luncheon (\$25.00) and Banquet Tickets (\$45.00), may be purchased on site from the Registrar.

2010-2011 Membership Dues (\$25.00) valid from this Annual Meeting to 2011 Annual Meeting

No. of Extra Tickets Ordered: \_\_\_ Luncheon (\$25) \_\_\_ Banquet (\$45) Add Amount to Registration Fee

**Total Amount Enclosed \$ \_\_\_\_\_**

**\*\*Refunds must be requested in writing by October 23, 2010 and will be paid 30 days after the conclusion of  
this event!**

**(NO REFUNDS AFTER OCTOBER 23, 2010)**

**YOU MUST BE REGISTERED *and* YOUR 2010-11 MEMBERSHIP PAID TO VOTE**

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HEALTH INFORMATION: 1. List any special medical condition which requires special attention. \_\_\_\_\_

2. List special diet requirements (for banquet only) \_\_\_\_\_

**FOR SEJ BMCR OFFICE USE ONLY**

DATE REC'D.: \_\_\_\_\_ TOTAL DUE: \_\_\_\_\_ TOTAL ENCL: \_\_\_\_\_  
Cash: \_\_\_\_\_ CK# \_\_\_\_\_ MO# \_\_\_\_\_ Paid by: \_\_\_\_\_ Self \_\_\_\_\_ Other (List Name) \_\_\_\_\_