

Registration Information

(NO PARTIAL PAYMENTS)

\$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

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 & 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 **No later than Friday, October 1, 2010.**

SEJ – BMCR, Inc. 42nd 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 1st 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*

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REGISTRATION FEE* (NO PARTIAL PAYMENTS)

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

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

2. List special diet requirements (for banquet only) _____

FOR SEJBMCR OFFICE USE ONLY

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