

Group Conference Registration & Payment

STLGROUP

Register five people from your institution, church, youth group, or small group for CBE's 2009 conference and register a sixth person at no cost.

Conference Registration (Attach a separate sheet if you need more space.)

Names of Persons Registering	Registration Fee	Meal**	Special Instructions and Needs	Interested in Volunteering?
_____	_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/> Yes
_____	\$0	_____	_____	<input type="checkbox"/> Yes
TOTAL			_____	_____

Contact Information & Payment Method

Please designate one person from the group to pay the total. This person will receive all confirmation and conference information.

_____ First and Last Name of Cardholder

_____ Street Address

_____ City

_____ State/Province/Country _____ Zip/Postal Code

_____ Phone Number

_____ Email Address

All fees are paid in US dollars or with a credit card.

Check/Money Order (payable to Christians for Biblical Equality)

Visa MasterCard Discover American Express

_____ Credit Card Number _____ Exp. Date

_____ Verification Code (the four digits on the top right corner of American Express cards and the final three digits found on the back of other cards)

_____ Signature _____ Date

Registration Fees

CBE Member Early Bird \$180

CBE Member \$190

Non-Member Early Bird \$230

Non-Member \$240

Full-Time Student \$100

*Early Bird registration ends May 25, 2009.

Conference registration includes conference materials, access to all general sessions and workshops, coffee breaks, one continental breakfast, and two evening meals.

**Meal Options

With your conference registration, please state your preference for the Saturday evening meal using the "Code" indicated below.

Code	Description
P	Pasta Primavera (vegetarian)
C	Sautéed Chicken Breast, with artichokes, mushrooms, and capers in a butter sauce

If you have **special dietary needs**, and these options do not accommodate you, please mark "S" for your meal preference, and use the "Special Instructions" space provided above to describe your needs. The hotel will be notified that a special meal should be prepared for you.

I acknowledge (required) the Cancellation & Refund Policy which states "conference registration is refundable if cancellation notice is received by May 25, 2009. There will be no refunds after this date. There is a \$40 cancellation fee for each registration." Please ensure that all group members understand this policy before registering.

Mail or fax this form to:

Christians for Biblical Equality, 122 W Franklin Ave, Suite 218, Minneapolis, MN 55404

Fax: 612-872-6891 Phone: 612-872-6898