

WACMM CONFERENCE REGISTRATION (10.21.16 – McLean Bible Church)

REGISTRATION: Please complete this form and the pricing information:

Name: _____

Address _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Home Church Name (if applicable) _____

Church City Location _____

GROUP DISCOUNT – FIVE OR MORE (Lunch Included)

\$48 - per man in a group of 5 or more before Oct. 18, 2017

of men () X **\$48** per person = \$ _____

INDIVIDUAL EARLY DISCOUNT (Lunch Included)

\$55 - regular per individual man before Oct. 18, 2017

of men () X **\$55** per person = \$ _____

REGULAR INDIVIDUAL (Lunch Included)

\$65 - per man after Oct.18, 2017

of men () X **\$65** per person = \$ _____

YOUNGER MEN (Lunch Included)

\$28 - men ages 13 - 22 before Oct. 21, 2017

of men () X **\$28** per person = \$ _____

FATHER/SON DISCOUNT COMBO (Lunch Included)

\$60 – father/son Discount Bonus before October 21, 2017

of men () X **\$60** per person = \$ _____

ACTIVE DUTY MILITARY DISCOUNT (Lunch Included)

\$28 - active duty military before Oct. 21, 2016

of men () X **\$28** per person = \$ _____

PASTORS

Church Pastors attend free

(you must register before Oct. 21, 2017 and pay **\$6** for lunch)

of men () X **\$6** per person = \$ _____

DISABLED VETS

Disabled Veterans attend free

(Disability is determined by the VA)

(you must register before Oct. 21, 2017 and pay **\$6** for lunch)

of men () X **\$6** per person = \$ _____

TOTAL COST OF REGISTRATION(S) _____

IF PAYING BY CREDIT CARD, ADD 5% OF THE ABOVE AMOUNT _____

TOTAL COST OF REGISTRATION(S) _____

PAYMENT: Please check the appropriate boxes and complete the billing information below.

My check (no processing fee)

(make payable to "Foundation for Manhood" and send check with this form to:

Foundation for Manhood (FFM), 10309 Freeman Place, Kensington MD 20895

My credit card: (check one) VISA MasterCard - Send completed form to FFM, 10309 Freeman Place, Kensington MD 20895

Name of Card holder _____

Account No: _____ - _____ - _____ - _____ Exp. Date: _____ / _____ CCV# _____

Credit Card Holder's Address (If different than above) _____

THREE WAYS TO REGISTER:

1. CHECK – Make Check payable to "Foundation for Manhood" and mail to:
Foundation for Manhood, 10309 Freeman Place, Kensington MD 20895

2. PHONE – Call credit card by phone - 240.447.1363
▶ phone purchases carry administrative processing fee of 5%.

3. ONLINE – Go to www.wacmm.org

PLEASE NOTE:

Your credit card statement for your paid registration will read "Foundation for Manhood", the non-profit 501 (c) (3) organization under which WACMM operates).