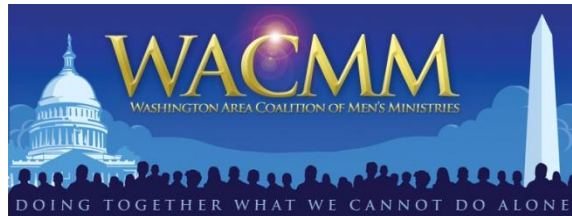


# 2014 IRON SHARPENS IRON REGISTRATION FORM

## May 3 – Immanuel Bible Church (Springfield VA)



### THREE WAYS TO REGISTER:

- ☐ MAIL: this form with check payable to "WACMM" or credit card info to **WACMM**, 10309 Freeman Place, Kensington, MD 20895
- ☐ INTERNET: use credit card for individual and group registration(s) at: [www.wacmm.org](http://www.wacmm.org) (service charge involved)
- ☐ PHONE: call us at 240.447.1363 with your credit card information and registration data (service charge involved)

Early Registration - Group Rate .....# of men ( \_\_\_\_ ) X **\$39** per person = \$ \_\_\_\_\_  
 (10 or more men registered and paid together. Paid registration must be received before Tuesday April 29, 2014)

Early Registration - Individual Rate .....# of men ( \_\_\_\_ ) X **\$48** per person = \$ \_\_\_\_\_  
 (1 - 9 men registered together. Paid registration must be *received* before Tuesday April 29, 2014)

Standard Registration after Monday April 28, 2014 .....# of men ( \_\_\_\_ ) X **\$55** per person = \$ \_\_\_\_\_

Young Men (ages 13-22) (anytime)..... # of men ( \_\_\_\_ ) X **\$19** per person = \$ \_\_\_\_\_

Active Duty Military (anytime)..... # of men ( \_\_\_\_ ) X **\$19** per person = \$ \_\_\_\_\_

Disabled Veterans attend free (anytime but you must register) # ( \_\_\_\_ ) X **\$0** per veteran = \$ \_\_\_\_\_

Pastors attend free (anytime but you must register).....# of pastors ( \_\_\_\_ ) X **\$0** per person = \$ \_\_\_\_\_

Optional Box Lunch (optional but highly recommended).....# ( \_\_\_\_ ) X **\$8** per person = \$ \_\_\_\_\_

Ministry gift to WACMM: (Tax deductible. Receipt will be provided) .....\$ \_\_\_\_\_

Total Registration: \$ \_\_\_\_\_

### REGISTRATION: Please complete registration and pricing information:

#### Your Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 In what capacity are you serving? Pastor ☐ Men's Leader ☐ Church Staff ☐ Small Group Leader ☐ Other \_\_\_\_\_

#### Church's General Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PAYMENT: Please check the appropriate boxes, then complete the billing information below.

- ☐ My check (*make payable to 'WACMM'*). Send check with this form to WACMM, 10309 Freeman Place, Kensington MD 20895
- ☐ Please bill my credit card: (check one) ☐ VISA ☐ Mastercard Send this form to WACMM, 10309 Freeman Place, Kensington MD 20895

Card holder name: \_\_\_\_\_  
 Account No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ CCV# \_\_\_\_\_  
 Card holder billing street address: \_\_\_\_\_  
 Card holder phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Card Holder's Signature (\*Required for processing) \_\_\_\_\_

**Please Note:** THERE ARE NO REFUNDS ON REGISTRATIONS --- WACMM ISI Conferences will be held regardless of weather conditions. Conference registrations however are transferable to alternative future ISI Conferences. Speakers have committed to ISI Conferences. However, due to unforeseen circumstances, substitutions may occur. Video recordings and still photos are taken at the Conference. Registration constitutes permission for WACMM to use these videos and photos taken onsite.