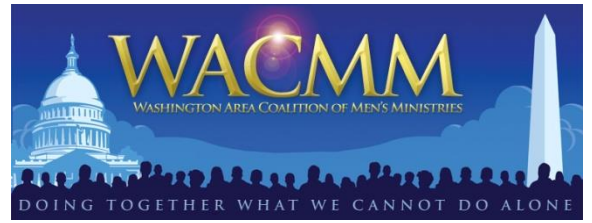


**2013 IRON SHARPENS IRON REGISTRATION FORM**  
**March 23 – New Antioch Baptist Church**  
**(Randallstown, MD)**



**THREE WAYS TO REGISTER:**

- MAIL: send check/money order enclosed with this form - payable 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 by midnight Monday March 18, 2013*)

Early Registration - Individual Rate .....# of men ( \_\_\_ ) X **\$48** per person = \$ \_\_\_\_\_  
 (1 - 9 men registered together. Paid registration must be *received by midnight Monday March 18, 2013*)

Standard Registration after Monday March 18, 2013 ..... # 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).....# of men ( \_\_\_ ) X **\$0** per veteran = \$ \_\_\_\_\_

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

Optional Box Lunch (optional but highly recommended)..# of men ( \_\_\_ ) 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: \_\_\_\_\_

**BILLING: Please check the appropriate boxes, then complete the billing information below.**

- My check / Money order *made payable to 'WACMM'* is enclosed.
- Please bill my credit card: (check one)  VISA  Mastercard

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 films and photos taken onsite.