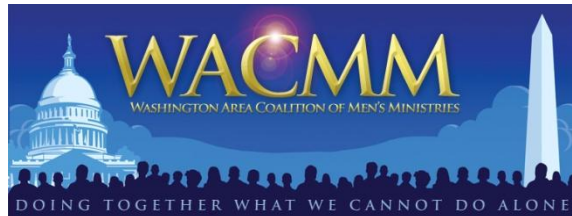


2012 IRON SHARPENS IRON REGISTRATION FORM

October 20, 2012 – South Potomac Church (White Plains, 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
- ☐ PHONE: call us at 240.447.1363 with your credit card information and registration data

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 October 15, 2012*)

Early Registration - Individual Rate# of men (____) X **\$48** per person = \$ _____
(1 - 9 men registered together. Paid registration must be *received by midnight Monday October 15, 2012*)

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 = \$ _____

Standard Registration after October 15, 2012 # of men (____) X **\$55** per person = \$ _____

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: _____ CCV# _____

Account No.: _____ - _____ - _____ - _____ Exp. Date: ____ / ____ (# on back of the card) _____

Card holder billing street address: _____

Card holder phone number: (_____) _____ - _____ (# on back of the card)

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.