

American Baptist Churches of Nebraska
2014 Annual Convention
 The Annual Meeting of the Nebraska Baptist State Convention
 September 19-21, 2014
 Midtown Holiday Inn Convention Center, **Grand Island, NE**

ADULT



EACH PERSON FILLS OUT A SEPARATE REGISTRATION

DEADLINE FOR THIS REGISTRATION FOR
 THE CONVENTION IS SEPTEMBER 12, 2014
 MAIL OR FAX This Completed Registration to:
 ABC/NE, 6404 Maple St.
 Omaha, NE 68104
 FAX: 402-556-1910

ROOM RESERVATIONS: 1-4 PERSONS \$80.00
 Call the Holiday Inn directly # 308-384-1330
 Indicate you are attending the ABC/NE Convention
 Rooms at these rates are only guaranteed
 Through September 7, 2013



Title: Dr. ___ Rev. ___ Mr. ___ Mrs. ___ Ms. ___ I prefer no title: ___

Name _____

Phone: _____

Address _____ Church: _____

City/Zip _____ Delegate: ___ Visitor: ___

EVENT	DAY	TIME	COST	_____
Mission Dinner	Friday	6:00pm	18.95	_____
ABWomen's Ministries Lunch	Saturday	12:00	15.95	_____
ABM Men's Lunch	Saturday	12:00	15.95	_____
Convention Banquet	Saturday	6:00pm	18.95	_____

CONVENTION REGISTRATION FEE ___ Full \$25.00 (Fri-Sun) _____
 ___ One-Day \$15.00 (Fri., Sat., or Sun.) _____

Donation to Child Care _____

TOTAL AMOUNT ENCLOSED: _____

Make checks payable to ABC/NE

American Baptist Churches of Nebraska

CHILD

2014 Annual Convention

(Annual Meeting of the Nebraska Baptist State Convention)

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CHILDREN'S PROGRAM & NURSERY REGISTRATION



_____ Infants (through 2 years) Nursery Care

_____ Pre-school (3-5 years)

_____ Elementary (Kindergarten–5th grade)

Each child must have a separate registration.

*There is no charge for the nursery.

*There is a \$10 meal and activities fee for the Pre-school and Elementary programs– payable at the convention.



DEADLINE FOR REGISTRATIONS IS SEPT. 12, 2014

Mail or FAX Completed Registrations to:

ABC of NE, 6404 Maple St., Omaha, NE 68104

FAX 402-556-1910

Questions: 877-244-7339 (in Omaha 556-4730)

Name _____ Parent's Name _____

Address _____ Male _____ Female _____ Hotel Room _____

City/Zip _____ Emergency Phone # _____

Age _____ Grade Entering in Fall _____ Medical Insurance Co. _____

Parent's E-mail _____ Insurance Policy # _____

Other Information _____

Permission is granted to seek Emergency Medical Care until I/we can be reached:

Parent/Guardian Signature