

American Baptist Churches of Nebraska
2015 Annual Convention
 The Annual Meeting of the Nebraska Baptist State Convention

ADULT

May 1-2, 2015

First Baptist Church, **Kearney, NE**

EACH PERSON FILLS OUT A SEPARATE REGISTRATION



DEADLINE FOR THIS REGISTRATION FOR
 THE CONVENTION IS APRIL 28, 2015

MAIL OR FAX This Completed Registration to:

ABC/NE, 6404 Maple St.

Omaha, NE 68104

FAX: 402-556-1910

ROOM RESERVATIONS:

-Victorian Inn & Suites: \$49.99 single/\$59.99 double. 308-237-5858

-Quality Inn: \$70.00 for 2 queen beds. 308-237-0838

-Microtel Inn and Suites \$75.00 for 2 queen beds 308-698-3003

Indicate you are attending the ABC/NE Convention

Rooms at these rates are only guaranteed

Through April 15, 2015

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

Name _____

Phone: _____

Address _____ Church: _____

City/Zip _____ Delegate: ___ Visitor: ___

EVENT	DAY	TIME	COST	_____
Convention Banquet	Friday	6:00pm	15.95	_____
Kids Banquet			8.00	_____
ABWomen's Ministries Lunch	Saturday	12:00	13.50	_____
Kids Lunch			6.00	_____
ABM Men's Lunch	Saturday	12:00	13.50	_____
Kids Lunch			6.00	_____
CONVENTION REGISTRATION FEE	\$20.00 Per Person			_____
Donation to Child Care				_____

TOTAL AMOUNT ENCLOSED: _____

Make checks payable to ABC/NE

American Baptist Churches of Nebraska

CHILD

2015 Annual Convention

(Annual Meeting of the Nebraska Baptist State Convention)

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First Baptist Church, Kearney, NE

CHILD CARE 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 activities fee for the Pre-school and Elementary programs– payable at the convention.



DEADLINE FOR REGISTRATIONS IS April 15, 2015

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