

American Baptist Churches of Nebraska
2016 Annual Convention
 The Annual Meeting of the Nebraska Baptist State Convention
 April 29-30, 2016
 First Baptist Church, Norfolk, NE

ADULT

EACH PERSON FILLS OUT A SEPARATE REGISTRATION

DEADLINE FOR THIS REGISTRATION FOR
 THE CONVENTION IS APRIL 26, 2016
 MAIL OR FAX This Completed Registration to:
 ABC/NE, 6404 Maple St.
 Omaha, NE 68104
 FAX: 402-556-1910



Lodging can be found in a variety of local hotel and motels
 between \$65-\$120 a night

Holiday Inn Express: 920 S. 20th St. 402-3791524
 Hampton Inn: 904 South 20th St. 402-379-3585
 New Victoria Inn: 1001 Omaha St. 402-379-3035
 Norfolk Lodge and Suites: 4200 W. Norfolk Ave. 402-379-3833
 Norfolk Country Inn and Suites: 1201 S. 13th. 402-371-4430
 Super 8: 1223 Omaha Ave. 402-379-2220

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 Meal			8.00	_____
Saturday Lunch	Saturday	12:00	13.50	_____

CONVENTION REGISTRATION FEE \$20.00 Per Person _____

Donation to Child Care _____

Make checks payable to ABC/NE

TOTAL AMOUNT ENCLOSED: _____

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(Annual Meeting of the Nebraska Baptist State Convention)

CHILD

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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, 2016

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