

American Baptist Churches of Nebraska
2017 Annual Convention
 The Annual Meeting of the Nebraska Baptist State Convention
 May 5-6, 2017
 First Baptist Church, Scottsbluff, NE

ADULT



ROMANS 5:3-5

AMERICAN BAPTIST CHURCHES OF NEBRASKA
 REGION CONVENTION MAY 4-5
 FIRST BAPTIST CHURCH SCOTTSBLUFF, NE

EACH PERSON FILLS OUT A SEPARATE REGISTRATION

DEADLINE FOR THIS REGISTRATION FOR
 THE CONVENTION IS May 1, 2017
 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

Hampton Inn: 301 West Highway 26, 308-635-5200
We have a special rate of \$99 per night
**ask for ABC rate* Offer EXPIRES APRIL 1st*

Fairfield Inn: 902 Winter Creek Dr, 308-633-3500
 Comfort Inn: 1902 21st Ave., 308-632-7510
 Holiday Inn Express: 1821 Frontage Rd., 308-632-1000
 Super 8: 2202 Delta Dr., 308-635-1600
 Candlelight Inn: 1822 E 20th St., 308-635-3751

Name _____

Phone: _____ Email: _____

Address _____ Church: _____

City/Zip _____ Delegate: _____ Visitor: _____

EVENT	DAY	TIME	COST	Total
Convention Banquet (Hampton Inn)	Friday	6:00pm	\$18.95	_____
		Kids under 12	\$9.95	_____
Saturday Lunch (FBC Scottsbluff)	Saturday	12:00pm	\$10.00	_____
		Kids under 12	\$5.00	_____
CONVENTION REGISTRATION FEE			\$20.00 Per Person	_____
BUS RIDE			\$60.00 Per Person	_____
Donation to Child Care				_____

TOTAL AMOUNT ENCLOSED: _____

Make checks payable to ABC/NE

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CHILD CARE REGISTRATION



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- _____ 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: 402- 556-4730

Child's Name _____ Parent's Name _____

Address _____ Male _____ Female _____ Hotel Room _____

City/Zip _____ Emergency Phone # _____

Parent's E-mail _____

Age _____ Current Grade _____

Medical Insurance Co. _____ Insurance Policy # _____

Other Information _____

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

 Parent/Guardian Signature