

# 2018 REGION I CHRISTIAN EDUCATION CONFERENCE

April 6-7, 2018

Deadline: March 4, 2018



**Bring Your Entire Leadership Team!**

**Register today!**

Dream dreams, Imagine possibilities, and get the tools you need to make them happen when you bring your Christian Education team to this fun, professional, and affordable leadership experience! You'll walk away with a customized plan to give your ministry guaranteed success.

## Mail-In Registration

*Please fill in the information completely and mail with your check/money order payable to ICEA Region One*

**Mail to:** Dedra B. Preston / Region One Registrar,

1700 Gray Oaks Ln, Knoxville, TN 37932

*For additional Information Call (865-691-0260) (865-773-4194) or email: dedra.preston@gmail.com*

**Please do not send funds or reports for church reports or love offerings to this address.**

### PRE-REGISTRATION DEADLINE: March 4, 2018

Please complete a separate line for each person attending (Please print)

Receipt of your registration will be confirmed by email

<p>_____ Adults \$11.00 Pre-Registration <b>(\$13.00 on site)</b></p>	<p>_____ Youth \$6.00 (5yrs – 12 yrs.) <b>(\$8.00 on site)</b> Children 4 years old and younger attend FREE</p>	<p>_____ Teens \$11.00 (13yrs – 17 yrs) <b>(\$13.00 on site)</b></p>	<p>Please provide contact information for the person completing this form.</p> <p>Name: _____</p> <p>E-mail Address: _____</p> <p>Telephone Number: _____</p>
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**Please copy second sheet as necessary.**

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- Adult: \$11.00 (13yrs and up)
- Child: \$ 6.00 (5yrs - 12yrs)

State Council \_\_\_\_\_

	Last Name	First Name	Title	Suffix (Sr., Jr.)	Church	City	State	Adult/Teen/Child	Do you plan to attend?	Amount Paid
1								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17								<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	