

CALIFORNIA STATE BAPTIST CONVENTION, INC.  
**2018 ANNUAL SESSION**



REGISTRATION INFORMATION

**REGISTRANT TITLE**

Miss  Mrs.  Ms.  Mr.  Dr.  Rev.  Pastor

**MARITAL STATUS**

Married  Single

Participant Name: \_\_\_\_\_

Guardian Name (if under 18): \_\_\_\_\_ Relationship: \_\_\_\_\_

Participant DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant Contact #: \_\_\_\_\_

ER Contact: \_\_\_\_\_ ER Contact #: \_\_\_\_\_

CHURCH AFFILIATION

Church Name: \_\_\_\_\_

Pastor: \_\_\_\_\_ City: \_\_\_\_\_

Position Held (If Applicable): \_\_\_\_\_

CONFERENCE INFORMATION

Date: July 16<sup>th</sup> – 18<sup>th</sup>, 2018

Location: Renaissance Indian Wells Resort and Spa  
44400 Indian Wells Lane, Indian Wells, CA 92210

Registration Fees: • **\$50.00 PER PERSON**

**MAIL IN REG. ENDS: 07.13.18 / ONLINE REG. ENDS: 07.13.18**

TO REGISTER

Register Online: [calbaptist.com](http://calbaptist.com)

Or

Mail Completed Form  
and Registration Payment to:

**MAKE PAYMENTS PAYABLE TO: CALIFORNIA STATE BAPTIST CONVENTION, INC.**

California State Baptist Convention, Inc.

**2018 ANNUAL SESSION**

c/o Christ Second Baptist Church

1471 Martin Luther King Jr., Avenue, Long Beach, California 90813

**MAILED PAYMENTS MUST BE RECEIVED BY 07.13.18**

check  M.O.  credit card Credit Card #: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Exp. (MM/YY): \_\_\_\_\_ CVC: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Phone #: \_\_\_\_\_