Registration Form

(Please fill out both sides of this registration form)

Check-in table opens Fri. 2/28 - 6:00 pm

Conference ends Sat. 3/1 - 4:00 pm

Registrations are transferable but not refundable.

Questions: Glenda Haverinen - 763-370-7857

sghaverinen@gmail.com

By registering for this event, I understand that WMNWC may use any photos of me taken at this event in WMNWC media and advertising.

☐ $60 Friday & Saturday (includes lunch) $_____

☐ $35 Friday Night Only $_____

☐ $50 Saturday Only (includes lunch) $_____

☐   Attending Annual Meeting Breakfast (no charge) $_____

Discounts (one per person only please)

☐ $10 Discount for Pastor or Pastor's Spouse $_____

☐ $10 Discount for First Time Renewal Attendance $_____

Donations:

WMNWC Ministry Support $_____

Special Interest Missionaries (SIM) $_____

Safe Sanctuaries (formerly AVA) $_____

CHET Scholarships $_____

Total Amount Enclosed: $_____

Mark 2 breakout sessions - "1" & "2". Note some sessions are only offered once. (See session explanations & presenters on the registration insert or at wmnwc.org)

____ Session 1 or 2: Christian Obligation: Bible Study - Deb Devine

____ Session 2: Covenant Trust Financial Strategy - Steve Allison

____ Session 1 or 2: Gen Z & Gen Alpha - Ginny Olson

____ Session 1: Menopause & Beyond - Dr. Ruth Bolton

____ Session 2: Independence in Aging - Dr. Ruth Bolton

____ Session 1 or 2: Prayer Box Craft & Prayer - Ruthan Miller

____ Session 1 or 2: Sourdough Demonstration - Kelly Youngbloom

____ Session 1: Women Ministries - Rachel Kleinschmidt & Sheryl Schanil

____ Session 1 or 2: When Trauma Interrupts - Seeds of Hope

____Session 1 or 2: Loving our Neighbors - Clarice Esslinger & Sarah Kane

____ Session1: Estudio Bíblico en Español - Pastor Maria Alarcon

Mail checks payable to WMNWC
With completed form to:
Glenda Haverinen
37141 Llama St NW
Princeton, MN 55371

First & Last Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Church Name: _____

Church City & State: _____

Age (circle one):   (under 20) (20-30) (31-40) (41-50) (51-60)
                                     (61-70) (71-80) (81-90) (91-100)

Special Dietary Needs: _____

Spanish Translation for Main Session Needed   ☐ Yes (Si)
    (Se necesita traducción al Español para las sesión principal)