



INTERNATIONAL ASSOCIATION OF MINISTERS' WIVES AND MINISTERS' WIDOWS, INC.  
 ELDER VERNITA JOSEY, INTERNATIONAL PRESIDENT

**REGIONAL REGISTRATION FORM**

**SUBMISSION DEADLINE:** \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>CENTRAL REGION*</b><br>Mrs. Regina Shaw             | <input type="checkbox"/> <b>INTERCONTINENTAL REGION</b><br>Dr. Sherry Collie | <input type="checkbox"/> <b>MID-SOUTHWEST REGION*</b><br>Mrs. Constance Burnside |
| <input type="checkbox"/> <b>NORTHEAST REGION*</b><br>Mrs. Andrea Robinson Logan | <input type="checkbox"/> <b>SOUTHEAST REGION*</b><br>Elder Jannetta McIntyre | <input type="checkbox"/> <b>WESTERN REGION</b><br>Min. Traci Allen               |

**DATE:** \_\_\_\_\_  
**HOTEL:** \_\_\_\_\_  
**ROOM RATES:** \_\_\_\_\_  
**GROUP CODE:** \_\_\_\_\_

|  |                                       |   |                                       |  |  |
|--|---------------------------------------|---|---------------------------------------|--|--|
| <b>Membership Number</b>                             |                                       |   |                                       |  |  |
| <b>Name</b>  |                                       |   |                                       |  |  |
|  | Last                                  | First                                   | MI                                    |  |  |
| <b>Mailing Address</b>                               |                                       |   |                                       |  |  |
|  | City                                  | State                                   | Zip Code                              |  |  |
| <b>Email</b>   |                                       |   |                                       |  |  |
| <b>Telephone</b>                                     | ( )                                   | ( )                                     |                                       |  |  |
|  | Home                                  | Cell                                    |                                       |  |  |
| <input type="checkbox"/> <b>First time attendee?</b> | <input type="checkbox"/> Yes          | <input type="checkbox"/> No             |                                       |  |  |
| <input type="checkbox"/> <b>Wife</b>                 | <input type="checkbox"/> <b>Widow</b> | <input type="checkbox"/> <b>Husband</b> | <input type="checkbox"/> <b>Guest</b> |  |  |
| <b>State Organization</b>                            |                                       |   |                                       |  |  |
| <b>Local Organization</b>                            |                                       |   |                                       |  |  |
| <b>State President</b>                               |                                       |   |                                       |  |  |

|                          |                              |                        |           |
|--------------------------|------------------------------|------------------------|-----------|
| <input type="checkbox"/> | <b>Registration*</b>         |                        | \$75.00   |
|                          |                              | Last First             |           |
| <input type="checkbox"/> | <b>Husband**</b>             |                        | \$60.00   |
|                          |                              | Last First             |           |
| <input type="checkbox"/> | <b>Guest**</b>               |                        | \$60.00   |
|                          |                              | Last First             |           |
| <input type="checkbox"/> | <b>Absentee Registration</b> |                        | \$60.00   |
|                          |                              | Last First             |           |
|                          |                              | <b>TOTAL</b>           | <b>\$</b> |
|                          | <b>* INCLUDES LUNCHEON</b>   | <b>**LUNCHEON ONLY</b> |           |

Mail Form & Payment by \_\_\_\_\_ to:  
 Regional Financial Secretary: \_\_\_\_\_  
 \_\_\_\_\_  
 Make Payment Payable to IAMWMW  
 Cashier's/Certified/Organizational Check or Money Order ONLY! NO PERSONAL CHECKS!