

H3: Help, Hope, and Healing Bio-medical and Alternative Therapies Conference Registration Form

Circle all of the following that apply:

Parent
 Teacher/Administrator
 Related Service Provider (specify): _____
 Other: _____

PART 1: Contact Information:

First Name:	Last Name:
2nd Family Member's First Name:	2nd Family Member's Last Name:
Address:	Company/Title if applicable:
City, State, Zip:	Home Phone:
Cell Phone:	E-mail:

Part II: Meals: A light breakfast and a lunch will be provided. Please indicate allergies here: _____

Part III: Payment

<input type="checkbox"/> A check is enclosed for \$20 per person	<input type="checkbox"/> Cash is enclosed for \$20 per person
<input type="checkbox"/> A check is enclosed for \$30 per couple	<input type="checkbox"/> Cash is enclosed for \$30 per couple
Make checks payable to: Crosspointe Church of Christ 5630 State Route 122 Franklin, OH 45005 (On the memo section write H3 conference)	T-Shirt size(s): _____

If you would like for your child to be included in a video that will be shown the day of the conference, please enclose 3 to 5 pictures along with your registration, and sign the permission below:

I give permission for my son/daughter, _____, to be included in a video that will be shown the day of the conference.

First Name Last Name

Parent's signature

Date