

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

**Circle all of the following that apply:**

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

## **PART 1: Contact Information:**

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

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

\_\_\_\_\_

## **Part III: FREE**

**This conference is FREE thanks to community fundraising efforts, as well as support from Crosspointe Church of Christ.**

**SEND to:** **T-Shirt size(s):** \_\_\_\_\_  
**Crosspointe Church of Christ**  
**5630 State Route 122**  
**Franklin, OH 45005**  
**(On the memo section write H3 conference)**

**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  
First Name Last Name  
 included in a video that will be shown the day of the conference.

\_\_\_\_\_

**Parent's signature**

**Date**