

2020 CONFERENCE REGISTRATION FORM

Conference Dates and Registration: Conference dates are Wednesday, April 1st (evening only), through Sunday April 5th (morning only). Registration will be open Wednesday, 5:00 pm – 7:00 pm, and 9:45 am – 11:30 am Thursday – Saturday.

Registration Fee: **\$20.00** per household if paid before March 30th, **\$25.00** if paid thereafter. Check, cash, debit and credit card payments will be accepted through any of the advance registration methods and on-site at the Conference Center. (children over 18 and living separately need to fill out a separate form)

To Register: Call 816-461-7215, or email to mmillet@theremnantchurch.com, or mail to:
 The Remnant Church of Jesus Christ of Latter Day Saints, Conference Registration
 700 West Lexington Ave, Independence, MO 64050

Name _____ Member? Yes _____ No _____

Attending Spouse _____ Member? Yes _____ No _____

Address _____

Cell Phone _____ Home Branch _____ Priesthood Office _____

Attending Children Names and Ages _____

(children cont.) _____

Catered Lunches: Lunches will be available in the Fellowship Hall of the Worship Center for \$10.00 per person, per meal. Please purchase meals in advance to ensure an accurate count for the caterers. Additional meals may not be available during conference.

Conference Center Housing: Housing will be available at the Conference Center for **\$8 per night, per person**, or **\$25 per night, per family**. Rooms are large with several bunk beds. Unless you are staying as a family unit, you will be assigned to a room according to gender. To reserve housing at the Conference Center you must call Remnant Church Headquarters, 816-461-7215, by Monday, March 30th. You will receive your housing assignment when you arrive at conference.

REGISTRATION SUMMARY: Registration Fee (see above) Total \$ _____

Lunches: at \$10.00 per person, per meal (please indicate how many each day):

Thurs _____ Fri _____ Sat _____Lunch Total \$ _____

Housing: _____ Family at \$25 per night or _____ Individuals at \$8 per night per person

Thurs _____ Fri _____ Sat _____Housing Total \$ _____

(Please make checks payable to Remnant Church) *Grand Total:* \$ _____

Credit/Debit Card Information:

Credit Card Number: _____ Amount to Charge \$ _____

Expiration (mm/yyyy) _____ / _____ Security Code _____