



International Council of Community Churches

ICCC Registration Form – 2020 Annual Conference: July 20 - 23

“A Purpose and A Promise”

Dublin, Ohio

Name (as you would like it on badge) _____

Street Address _____

City, State, Zip _____

Telephone (____) _____ E-mail Address: _____

Emergency Contact Name _____ Phone _____

Church (member of) _____

Gender: Male Female First Conference: Yes No Status: Clergy Laity

►►► FOR THE ELEMENTARY AND YOUTH PROGRAMS ONLY! ◀◀◀

- Age (on 7-1-2020) _____ Grade completed by (7-1-2020) _____
- If **under 18**, an adult who is registered for the Conference and who will serve as a sponsor and assume responsibility for said young person must sign below:

Sponsor Signature

Print Sponsor Name

CONFERENCE FEES

Fill in Dollar Amount for this Registration:

\$ 0.00	Infants (not occupying chair at banquet)	\$
\$ 35.00	Child* with Kid's Meal** (Ages 1-5)	\$
\$ 60.00	Elementary* with Kid's Meal** (entering kindergarten - entering 6 th grade)	\$
\$ 25.00	**Add-on ONLY if Adult meal is preferred for Child/Elementary registration	\$
\$ 145.00	Youth (completed 6 th grade - entering 12 th grade)	\$
\$ 170.00	Young Adult (completed 12 th grade - age 23)	\$
\$ 230.00	Adult Register by June 1, 2020 - Early Bird Special \$195.00	\$
\$ 35.00/day	Daily Registrants Circle Day(s) M T W Th	\$
Total Enclosed		\$

A Banquet ticket is included in your registration fee. This meal includes: Garden Salad, Grilled Bone In Pork Chop with Bourbon BBQ, Herb Roasted Yukon Potatoes, Blue Lake Beans, Strawberry Shortcake, Coffee, Hot Tea and Iced Tea. *Fish Option:* Grilled Fresh Salmon with Citrus Butter *Kid's Meal Option: Cheeseburger, French Fries, Lemonade and Cookie. Meals are subject to change.

Please circle one of the following for your preference at Thursday's Banquet Dinner.

Pork Chop (Default Option)

Fish Option

Kid's Meal Option

**Child & Elementary registrations include the Kid's Meal option. If the adult meal is preferred, please add \$25.00 to your total enclosed.

Please return this form with payment to: ICCC, 21116 Washington Parkway, Frankfort, Illinois 60423

Check or Money Order made payable to ICCC VISA MASTERCARD AMEX DISCOVER

Acct. #: _____ Exp. Date: _____ CVV: _____

Print name as it appears on card: _____ Signature: _____

One form per person. **Early Bird registration must be received in the office by June 1st.** Registrations after June 20th will be accepted at Conference only. **CANCELLATIONS:** A \$25 administration fee will be assessed for each.

ANNUAL CONFERENCE SESSIONS MAY BE VIDEOTAPED or placed of Social Media. I agree the ICCC may use my image, name, voice and story in any medium or format, throughout the world forever, free-of-charge, and for any reasonable purpose in furtherance of its mission.