



ENCOURAGE  
EQUIP  
ENLIST



INTERNATIONAL CONFERENCE ON MISSIONS

### ICOM REGISTRATION FORM

<input type="text"/>	<input type="text"/>
<i>First name</i>	<i>Last name</i>

*\*Email address - required for registration processing*

*Street Address/PO Box*

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

*Cell phone*

#### Family members attending - fill in applicable information

<input type="text"/>	<input type="text"/>
<i>Spouse - first name</i>	<i>Last name</i>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Child's name</i>	<i>Age</i>	<i>Gender</i>	<i>Special needs?</i>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Child's name</i>	<i>Age</i>	<i>Gender</i>	<i>Special needs?</i>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Child's name</i>	<i>Age</i>	<i>Gender</i>	<i>Special needs?</i>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Child's name</i>	<i>Age</i>	<i>Gender</i>	<i>Special needs?</i>

#### Emergency/contact information

<input type="text"/>	<input type="text"/>
<i>Name of person to contact in case of emergency</i>	<i>Phone number</i>

#### Home Church

<input type="text"/>	<input type="text"/>
<i>Home Church</i>	<i>City, State</i>

#### Special needs/allergies - please list any special needs/allergies of anyone in your family/group

**Conference Images:** ICOM uses photos/videos taken during conference for ICOM publications including the ICOM website & social media.

Questions? Contact Emily at [emily@theicom.org](mailto:emily@theicom.org)

<b>Registration Type:</b>	<b>Cost</b>	<b># of registrations</b>	<b>Total</b>
Individual Registration	\$40 x		
Family Registration	\$80 x		
College/University Student	\$10 x		
CC-Wide (Adults & SICOM) <i>*Must have code for free registration</i>	\$0 x		Code _____
SICOM Group	\$10 x		
<b>Pre-Con Events:</b>			
For Missionaries Only <i>(fee is reimburseable upon attendance)</i>	\$15 x		
Standards of Excellence in Short-Term Missions (SOE)	\$50 x		
Community Health Evangelism (CHE)	\$30 x		
Reaching International Students Together	\$15 x		
Disciple Making Movements	\$35 x		
Mission Trainers	\$30 x		
Metamorphosis: Transforming Your Church to Make Disciples <i>(Must have previously attended 4 Chair Discipling Seminar)</i>	\$50 x		
<b>Ticketed Events:</b>			
Friday Breakfast	\$12 x		
Saturday Breakfast	\$12 x		
Sunday Breakfast	\$12 x		
Friday Lunch	\$15 x		
Saturday Lunch	\$15 x		
Common Ground: Ladies Only!	\$10 x		
<b>Partner with ICOM &amp; Make a Donation!</b>			
Amount: _____			<b>Total =</b> <input type="text"/>

**Payment**

Amount \$ \_\_\_\_\_  Check enclosed *(U.S. funds to ICOM, 95 E County Rd 1000 S, Clayton IN 46118. No cash, please.)*

Credit Card:  VISA  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSC # \_\_\_\_\_

Name as it appears on card:

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**First name**

**Last name**

Billing address if different than above:

**Street Address/PO Box**

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**City**

**State**

**Zip Code**

**Country/Province**