

2017 ICOM REGISTRATION FORM

<i>First name</i>	<i>Last name</i>

**Email address - required for registration processing*

Street Address/PO Box

<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country/Province</i>

<i>Cell phone</i>	<i>Alternate phone</i>

Family members attending - fill in applicable information

<i>Spouse - first name</i>	<i>Last name</i>

<i>Child's name</i>	<i>Age</i>	<i>Gender</i>	<i>Special needs?</i>

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Emergency/contact information

<i>Name of person to contact in case of emergency</i>	<i>Phone number</i>

Home Church

<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

Registration:	Cost	# of registrations	Total
Individual Registration	\$40 x		
Family Registration	\$80 x		
College/University Student	\$10 x		
Pre-Cons:			
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	\$10 x		
Disciple Making Movements	\$35 x		
4 Chair Discipling Seminar	\$60 x		
Metamorphosis: Transforming Your Church to Make Disciples (<i>Must have previously attended 4 Chair Discipling Seminar</i>)	\$60 x		
Meals:			
Friday Breakfast	\$12 x		
Saturday Breakfast	\$12 x		
Sunday Breakfast	\$12 x		
Friday Lunch	\$15 x		
Saturday Lunch	\$15 x		
Special Events:			
Common Ground: Ladies Only!	\$10 x		
Partner with ICOM & Make a Donation:		Amount: _____	
			Total = <input style="width: 100px; height: 20px;" 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

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