



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

Is this your first time attending ICOM? *Yes* *No*

Age? *Under 30* *31-45* *46-55* *56-65* *66+*

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>

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

Please mail form and payment to ICOM: 95 E. Co. Rd. 1000 S. Clayton, IN 46118
Questions? Contact Emily at emily@theicom.org

Registration Type:	Cost	# of Registrations	Total
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		
Pre-Con Events:			
The Best of Disciple Making for 2019	\$30 x		
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		
Accounting for Missionaries/Nonprofits	\$25 x		
Revitalize the City <i>(led by the Center for Church Leadership)</i>	\$0 x		
Mission Trainers <i>Students register free on-site with student ID</i>	\$30 x		
Ticketed Events:			
Friday Breakfast	\$12 x		
Saturday Breakfast	\$12 x		
Sunday Breakfast	\$12 x		
Friday Lunch	\$15 x		
Saturday Lunch	\$15 x		
Women of Purpose <i>(formerly Common Ground)</i>	\$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:

First name	Last name

Billing address if different than above:

Street Address/PO Box

City	State	Zip Code	Country/Province