

REGISTRATION FORM

Worship and Special Services 2025

Tuesdays– March 11—April 1

6-9pm CT, 7-10pm ET

Zoom Video Conference

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Email: _____

Current Ministry Role: _____

Church Currently Attending: _____

Course Fee: **Please enclose a check for \$50 to Midwest Region Conference**

Audit Fee: **\$25 Non-Credit**

Please send completed form to:

Midwest Region Conference

4534 W Main St

Decatur, IL 62522

OR

Email to: office@midwestregion.org