



Send payment and form to  
your Regional Treasurer.  
**Northern CA Region**  
Mrs. Carol Macon  
3470 Ridgewood Wy.  
Richmond, CA 94806  
**Southern CA Region**  
Mr. Travis Hicks  
3844 W. Slauson Ave., Ste. 1  
Los Angeles, CA 90043

**NINTH EPISCOPAL DISTRICT**  
Bishop Bobby R. Best, Presiding Prelate

**OFFICIAL REGISTRATION FORM**  
**2017 JOINT ANNUAL CONFERENCE**

July 20-22, 2017, Phoenix, Arizona

*(Please indicate for which Conference you are registering for)*

ALASKA/PACIFIC     ARIZONA/NEW MEXICO     OKLAHOMA     NORTHERN CA     SOUTHERN CA

**REGISTRATION FEE IS \$50 FOR ALL**

**Make checks payable to the Region for which you are registering.**

*Please print legibly*

Name: \_\_\_\_\_  Rev  Dr.  Min.  Mr.  Mrs.  Ms.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Conference Delegate  or Alternate  Local Church \_\_\_\_\_

Position held in Local Church: \_\_\_\_\_

Position held on District Level: \_\_\_\_\_

Position held on Annual Conference Level: \_\_\_\_\_

Attendee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PREPARE A REGISTRATION FORM FOR EACH INDIVIDUAL AND INCLUDE THE REGISTRATION FEE**

**Disclaimer**

*By virtue of the above signature(s), I/We hereby release and relieve the Christian Methodist Episcopal Church, the Ninth Episcopal District, and its Presiding Bishop, its various Regions/Conferences, their members or agents, from all responsibility/liability for any personal/physical injury, damage, loss of property, accident or any other loss of any kind, whether alleged to be caused by act or omission arising from attendance at the Annual Conference.*