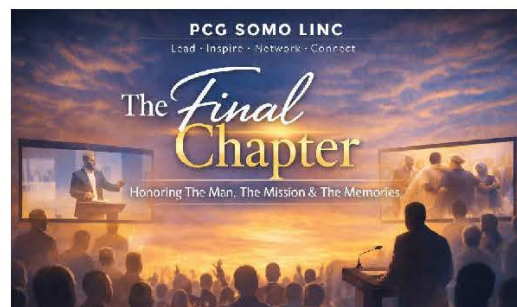


**PCG SOMO District LINC Conference**  
**REGISTRATION FORM**  
**SOLID ROCK, Jefferson City, MO**  
**March 12<sup>th</sup> & 13<sup>th</sup>**



**Group Leader Information/Individual Registration**

First Name	Last Name	Home Phone
E-mail Address:		Church:

<b>Conference Registration (please check one)</b>  <input type="checkbox"/> Registration \$25 <input type="checkbox"/> Group Rate - <b>for every 5 Registered 1 Free. *</b> <i>*(The group rate is only available if registered by mail, received before March 1st &amp; must be paid on one check.)</i>	<b>Additional Lunches For Conference:</b>  Lunch is provided for paid attendees but additional lunches may be purchased for guests or children for \$10 each.  # of Extra Lunches _____ x \$10 = _____
<b>Total Amount \$</b>	

**Group Registration** (If registering more than 1 person fill out the top with the group leader's information and then complete this section.)

#	First Name	Last Name	Phone #	Reg Cost	Total Due
1					
2					
3					
4					
5					
6				FREE	
<b>TOTAL:</b>					

**Payment Information** \*Please note that all registrations are nonrefundable.\* \* Make Checks Payable to PCG SOMO LINC \*

<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card		<input type="text"/>	
Credit Card Information (please note there will be a 3% credit card processing fee added to your amount)			
Name on Card	Card Number	Billing Address Zip Code	CVC Number
Billing Address:			EXP Date: (MM/YY)

**Conference Event Will Be Held At:**

**Solid Rock Church**  
**508 Hunters Run**  
**Jefferson City, MO 65109**

**\*\* Registration Forms Must Be Mailed To:**

**LINC Conference**  
**11533 Gamel Cemetery Rd.**  
**Festus, MO 63028**  
**Tel: (636)937-0800**