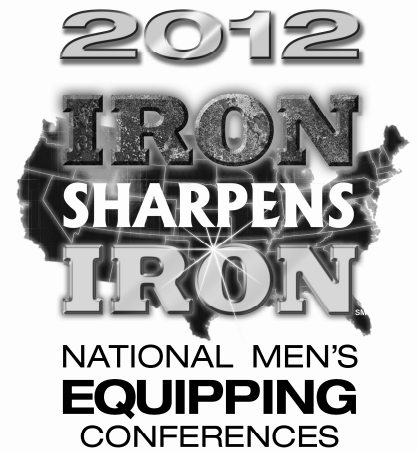


2012 Conference Registration Form

You may also register on line at www.RPMFM.org



STEP 1

Men's Ministry Leader Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Church's General Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

STEP 2

CONFERENCE INFORMATION: Please check the conference you will be attending.

___ O'Fallon, IL
February 25

___ Springfield, IL
March 24

___ Champaign, IL
April 21

STEP 3

REGISTRATION: Please complete registration and pricing information:

Early Registration - Group Rate# of men (___) X \$39 per person = \$ _____

10 or more men registered together. Registration must be *received 10-days or more prior* to the conference. Include a list of men attending

Early Registration - Individual Rate# of men (___) X \$48 per person = \$ _____

1 - 9 men registered together. Registration must be *received 10-days or more prior* to the conference. Include a list of men attending.

Student / Military Registration# of men (___) X \$29 per person = \$ _____

Must be 13 - 22, and in school full time or Active duty military.

Standard Registration# of men (___) X \$55 per person = \$ _____

All registrations received less than 10-days prior to the conference.

Optional Lunch (Available only with early registration)# of men (___) X \$8 per person = \$ _____

Ministry gift to Relevant Practical Ministry for Men: (Tax deductible. Receipt will be given) \$ _____

Total Registration: \$ _____

Continue on other side

STEP
4

BILLING: Please check the appropriate boxes, then complete the billing information below.

My check / Money order *made payable to 'Relevant Practical Ministry for Men (RPM),'* is enclosed.

Please bill my credit card: (check one) VISA MC Discover

Account No.: _____ - _____ - _____ - _____ Exp. Date: ____ / ____

Card holder name: _____ CCV# _____

Card holder phone number: (_____) _____ - _____ (# on back of the card)

Card holder billing address: _____

City: _____ State: _____ Zip: _____

Card Holder's Signature (*Required for processing) _____

STEP
5

Please mail, phone or fax your registration with a list of men attending the conference and payment to:

Mail to: RPM PO Box 8171 Springfield, IL. 62791 Ph. (217)-622-4069 Fax. 866-824-8555

(You can use the chart below to register men for the conference.)

Name	Student	Lunch	Name	Student	Lunch
	YES / NO	YES / NO		YES / NO	YES / NO
1.			21.		
2.			22.		
3.			23.		
4.			24.		
5.			25.		
6.			26.		
7.			27.		
8.			28.		
9.			29.		
10.			30.		
11.			31.		
12.			32.		
13.			33.		
14.			34.		
15.			35.		
16.			36.		
17.			37.		
18.			38.		
19.			39.		
20.			40.		

* For additional names you can print this sheet again, or write the information on a separate sheet of paper.

PLEASE NOTE: THERE ARE NO REFUNDS ON REGISTRATION. Speakers have committed to ISI. However, due to unforeseen circumstances, substitutions may need to occur. During the conference video and still photographs are taken. Registration constitutes permission for ISI to use video and photographs taken on site. ISI conferences will be held regardless of weather conditions. Consequently, there are no refunds due to weather related problems. Conference registrations are transferable to alternative 2012 Iron Sharpens Iron conferences.