

BAPTIST GENERAL STATE CONGRESS OF CHRISTIAN EDUCATION OF ILLINOIS

Dr. Michael Runnels – Congress President

Reverend Clint Wilburn – Dean

Mrs. Cherie D. Lee – General Secretary



Auxiliary to the

BAPTIST GENERAL STATE CONVENTION OF ILLINOIS, INC.

Dr. William H. Foster, Jr. – Convention President

Dr. U. Pete Williams – Convention General Secretary

102nd Annual Session Registration Form

August 7-11, 2017

PRE-REGISTRATION DEADLINE – JULY 15, 2017

Section 1 – Organizational identification data (PLEASE TYPE OR PRINT LEGIBLY)

Date: _____/_____/20____

Church/Individual Name: _____

District Association: _____

Pastor's Name (or President): Rev. Dr. _____

Contact Information:

Church Mailing Address: _____

(P.O. Box)

(Street Address)

(City, State, Zip Code)

Phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Church/District Association/Individual email address: _____

Contact Person: _____ Contact Person's Phone #: _____

Contact Person's email: _____

Section 2 – Category data

CHECK ONE	CATEGORY	NUMBER OF DELEGATES	REGISTRATION FEE
<input type="checkbox"/>	Church	Unlimited	\$400 (Minimum)
<input type="checkbox"/>	District Association	2	\$250
<input type="checkbox"/>	Individual	1	\$125

The above Church/District Association/Individual represents with (_____) delegate(s) for the 2017 annual session of the Baptist General State Congress of Christian Education of Illinois.

Note: You must also complete the registration form. When the registration form has been completed, make a copy for your records, include registration fee. **Make checks payable to: Baptist General State Congress and mail completed forms to: Mrs. Gilda L. Ivy--Registrar, BGS Congress of Christian Education, c/o St. Luke Baptist Church, 7262 South Coles Avenue, Chicago IL 60649**

Any questions concerning the registration process – contact the Registrar at 773-771-2957 or e-mail: registrarbgsc@aol.com

FOR OFFICIAL CONGRESS STAFF USE ONLY

Amount received: \$ _____ Reference _____

Date received: _____/_____/20____ GREETER INITIAL _____ CASHIER INITIAL: _____ DATA ENTRY INIT. _____

P/U Signature: _____

Section 3 – Delegates Information/Course Selection Form

PLEASE PRINT LEGIBLY OR TYPE

Name of Organization (Church or District): _____ Contact Name: _____

	Cate- gory	Session 1 Course #	Session 2 Course #	Delegate Name (Title, First Name, MI, Last Name)	Address	City, State	Zip Code
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Categories: A=Adult YA=Young Adult (Age 19-29) B=BYF (Age 13-18) C=Children (3-12) O=Congress Officer F=Faculty/Instructor S=Congress Staff

Please make copy of this form if necessary to list additional names

Instructions for Completing Registration Form
Pre-Registration Deadline – July 15, 2017
PLEASE TYPE OR PRINT INFORMATION LEGIBLY

SECTION 1--ORGANIZATION IDENTIFICATION

Date – Identify the date that the registration form is being mailed (pre-registration) or submitted (on-site).

Church / District / Individual Name – Provide the complete church name (you may use MBC for Missionary Baptist Church and BC for Baptist Church). Persons who are registering as Individual, without their church, should put their name here, then skip down to Contact Information. If a District is registering, omit filling in the Church name space, and place the name of the district in the District Association space.

District Association – Include the complete name of the District Association to which you belong. Leave blank if you are not affiliated with a district association.

Church / District/ Individual Address: Legal address of the Church, District Association, or Individual registering in this Congress session.

Mailing address – ONLY INCLUDE THE ADDRESS TO WHICH MAIL IS TO BE SENT IF DIFFERENT THAN ABOVE ADDRESS. Do not include the church address, if your mail is not delivered directly to the church or if you do not have a receptacle at that location. Only include a valid address where the mail can be delivered. If your address changes, please notify the registrar’s office immediately.

Church / District Association / Individual Phone, Fax and E-mail – Make certain to include the complete phone number, including the area code, and complete e-mail information.

Contact person Name and Phone Number – Please provide a person that we may contact if additional information is needed.

SECTION 2 – CATEGORY

Registration fee for the Congress is \$400 and allows for unlimited delegates. District representation is \$250. Individual representation is \$125. All special fees including the children and youth rallies, BYF, special and advanced projects are to be paid on site. Representation fees must be paid before delegates are officially registered and allowed to attend class sessions.

SECTION 3 – DELEGATE INFORMATION AND COURSE SELECTION

(If additional space is needed, please copy Section 3 and attach the additional sheet)

ID Category – Indicate the type of Congress delegate by Category Code:

- | | |
|----------------------------|------------------------|
| A = Adult | O = Congress Officer |
| YA = Young Adult (19 – 29) | F = Faculty/Instructor |
| B = BYF (13-18) | S = Congress Staff |
| C = Children (3-12) | |

Course Number – Put in the number of the course selected for each delegate. Use the course description booklet and Courses by Session to choose the appropriate course number. A delegate can choose to take one or two courses, but only one course in any of the two sessions. **NOTE:** If a class is full when your registration form is received, the delegate would need to choose another selection. You will be notified.

Delegate Name, Address, City/State, Zip Code

- a. **PLEASE PRINT LEGIBLY OR TYPE THE INFORMATION.**
- b. **The title should be indicated as Rev., Dr., Miss, Ms., Mrs. or Mr. For all delegates except children.**
- c. **The delegate’s address, city, state and zip code entered on the registration form will be used on the Course Cards, any Certificates, and other documents for this Congress Session.**

Completing the Registration Process:

1. Mail in your completed registration form and registration fee to the registrar. Please make a copy of your completed registration form for your records.

Mail completed form(s) to:

**Mrs. Gilda L. Ivy - Registrar
BGS Congress of Christian Education
c/o St. Luke Baptist Church
7262 South Coles Avenue
Chicago, IL 60649**

2. Enclose the appropriate Church/District/Individual fee payable to: Baptist General State Congress (DO NOT ABBREVIATE). All special fees, such as the Children and Youth Rallies, Special and Advanced Projects, are to be paid on-site to the division which is responsible for holding the special events.

a. Pay by check, or money order. DO NOT SEND CASH THROUGH THE MAIL.

3. Payments may be made on-site to the Finance Office during the week of the Congress session; however, delegates will not be allowed to attend class, nor receive course cards or certificates without proper payment of registration fees. You may pick up a registration package from the Registrar’s Office by presenting receipt for payment of the registration fee. We STRONGLY encourage pre-registration.

For questions regarding registration, please contact the Registrar at (773) 771-2957 or registrarbgsc@aol.com

Contact Dean Clint Wilburn for questions at (815) 726-8833 or mtmoriah1503@sbcglobal.net