IDMC 2010 REGISTRATION FORM

Name (as in NRIC / Passport)

Preferred Name On Name Tag: _____

Salutation
○ Rev ○ Dr ○ Mr ○ Mrs ○ Ms
○ Other: _____

Date of Birth (DDMMYY) _____

NRIC / Passport Number _____

Mobile/Cell Telephone _____ **Other Telephone** _____

Email _____

Block / House No. _____ **Unit No.** _____

Street _____

Building Name _____ **City** _____

State _____ **Country** _____ **ZIP / Postal Code** _____

Church _____

I am employed in a: ☐ Secular Organisation ☐ Ministry Organisation ☐ Student / Others

serving in ministry as a ☐ Senior Pastor / Head of Parachurch ☐ Board Member ☐ Pastor ☐ Church Staff ☐ Lay Leader ☐ Others

How many IDMC Conferences have you previously attended? _____

○ This is an **INDIVIDUAL** registration for ☐ ~~Full Conference Package~~ ☐ Video Conference Package

Amount payable: $ _____

○ This is a **GROUP** registration for ☐ ~~Full Conference Package~~ ☐ Video Conference Package

Group Leader's Name: _____ (Please attach form for every person)

For groups of 5 persons and above, deduct $20 per person from Conference Fees.

Amount payable: $** _____ x _____ = **$ _____

conference fees per person (after $20 discount if applicable) | *No. of persons in group including yourself* | *Total Amount Payable*

Mode of Payment

○ Cash (Please submit in person; do not mail.)

○ Cheque **Bank Name** _____ **Cheque No.** _____

○ Telegraphic Transfer (Please add SGD20 per transaction to conference fees.)

○ Credit Card ☐ VISA ☐ Mastercard **Name on Credit Card** _____

Credit Card No.

3-Digit Verification Code
(Found on back of card after card no.)

Signature as on Credit Card

Expiry Date (MM/YY) / _____

Survey of Workshop Preference
To help us plan better, please indicate (by number) the 2 workshops you are most interested in: a) _____ b) _____

FOR OFFICIAL USE **Registration No.** _____ **Date Received** _____

Receipt No. _____ **CEFC Code** _____