MPA REGISTRATION - January 29-31, 2026 (PLEASE PRINT) Name ______ Address _____ City____St.__Zip___ E-mail (required) ☐ Alumni ☐ First Timer Pastor Church Name Church City & St _____ Is This A New Address Since You Last Attended? Yes No Please select your age group to help us with developing the best Breakout Sessions for our attendees. ☐ 20 and under ☐ 40's-50's ☐ 20's-30's ☐ 60 and over **REGISTRATION COST:** Registration Postmarked by July 17th, 2025 _____ \$99.99 Registration Postmarked by October 17th, 2025 ____\$109.99 Registration Postmarked by December 17th, 2025 ____\$119.99 After December 17th, 2025 \$129.99 **DISCOUNTS** PICK THE ONE THAT WORKS BEST FOR YOU - NO COMBINATIONS! (register online or mail in this form) ☐ Bring your child age 13-18 - **50% off current rate** - cost \$ **Terms:** Child must attend with a registered parent, **and be under** their direct supervision at all times. Content will be for geared for adults. It is the parents responsibility to determine if the child is mature enough to participate in the weekend. _____ Age(s) ____ Name(s) _ ☐ If you are a *Senior/Lead Pastor* who has never attended; you registration cost is 50% off. ☐ If you are an alumni Senior/Lead Pastor (you have attended before) your registration cost is \$69.99. ***Call our office for group discounts on regular registrations Total Registration Cost (including child if applicable) Less Dollar Value of Discounts or Credits **Total Registration Cost** (NOTE: please be sure to read and understand the cancellation policy on our website) For Office Use Only Method of Payment: Check Credit Card - Type _____ CF____ For office use only: QB_____

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| Address |
| CityStZip |
| Phone Number Home Cell |
| E-mail (required) |
| Pastor Alumni First Timer Church Name |
| Church City & St |
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| Method of Payment: |
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| Credit Card - Type/ |
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