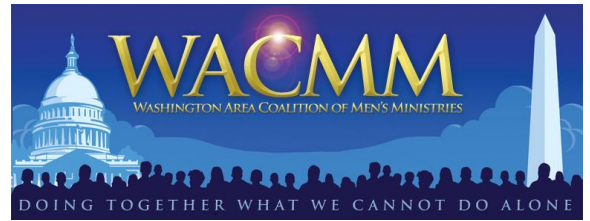


**2012 IRON SHARPENS IRON REGISTRATION FORM**  
**March 3, 2012 – Immanuel Bible Church (Springfield VA)**



**THREE WAYS TO REGISTER:**

- MAIL: send check/money order enclosed with this form - payable to **WACMM** · 10309 Freeman Place · Kensington, MD 20895
- INTERNET: use credit card for individual and group registration(s) at: [www.wacmm.org](http://www.wacmm.org)
- PHONE: call us at 240.447.1363 with your credit card information and registration data

Early Registration - Group Rate .....# of men ( \_\_\_ ) X **\$39** per person = \$ \_\_\_\_\_  
 (10 or more men registered and paid together. Paid registration must be *received by midnight Monday February 27, 2012*)

Early Registration - Individual Rate .....# of men ( \_\_\_ ) X **\$48** per person = \$ \_\_\_\_\_  
 (1 - 9 men registered together. Paid registration must be *received by midnight Monday February 27, 2012*)

Young Men (ages 13-22) (anytime).....# of men ( \_\_\_ ) X **\$19** per person = \$ \_\_\_\_\_

Active Duty Military (anytime) ..... # of men ( \_\_\_ ) X **\$19** per person = \$ \_\_\_\_\_

Disabled Veterans attend free (anytime).....# of men ( \_\_\_ ) X **\$0** per veteran = \$ \_\_\_\_\_

Standard Registration after February 27, 2012 ..... # of men ( \_\_\_ ) X **\$55** per person = \$ \_\_\_\_\_

Pastors attend free (anytime).....# of pastors ( \_\_\_ ) X **\$0** per person = \$ \_\_\_\_\_

Optional Box Lunch (optional but highly recommended)..# of men ( \_\_\_ ) X **\$8** per person = \$ \_\_\_\_\_

Ministry gift to WACMM: (Tax deductible. Receipt will be provided) ..... \$ \_\_\_\_\_

Total Registration: \$ \_\_\_\_\_

**REGISTRATION: Please complete registration and pricing information:**

**Men's Ministry Leader Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Church's General Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

- My check / Money order *made payable to 'WACMM'* is enclosed.
- Please bill my credit card: (check one)  VISA  Mastercard

Account No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_  
 Card holder name: \_\_\_\_\_ CCV# \_\_\_\_\_  
 Card holder phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ (# on back of the card)  
 Card holder billing street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Card Holder's Signature (\*Required for processing) \_\_\_\_\_

**Please Note:** THERE ARE NO REFUNDS ON REGISTRATIONS --- WACMM ISI Conferences will be held regardless of weather conditions. Conference registrations however are transferable to alternative future ISI Conferences. Speakers have committed to ISI Conferences. However, due to unforeseen circumstances, substitutions may occur. Video recordings and still photos are taken at the Conference. Registration constitutes permission for WACMM to use these films and photos taken onsite.