

Registration Form
Pastor Conferences

PLEASE CHECK CONFERENCE OF CHOICE

Region I _____ (September 30 – October 2 – John Day, OR)

Region II _____ (October 28 – October 30 – Spokane, WA)

Name _____

Will your wife be attending? ___ Yes ___ No

Wife's Name _____

Address _____

City, State, Zip _____

Church _____

Years at this Ministry _____

Contact Numbers _____

E-Mail _____

Special Needs (dietary or otherwise) _____

NOTE: the conference begins at 2:00 p.m. on Tuesday. Registration & check-in is from 12:30 – 1:45 p.m.

Please mail completed form and your payment of \$40 (**if wife attending, add \$10**) payable to:

Salem Heights Church

Attention: Jeff Schafer or Ron Groves

375 Madrona Ave. S

Salem, OR 97302

Phone # 503.588.0403 – Fax # 503.588-5338

Please place "STEPS Ministry" in memo section of check

Email: info@salemheightschurch.org