



2009 REGISTRATION FORM

CMS@theChapel Conference
The Chapel at Crosspoint
Getzville (Buffalo), NY
 May 15 & 16, 2009

Contact Name

Church Name (optional)

Contact Phone

Contact eMail

SHIPPING ADDRESS for registration materials

Name (put church name here if shipping to your church)

Street Address

City

State/Province Zip/Postal Code

REGISTRANT LIST - list first & last name of registrants

| | | |
|---|-------------------------------------|--------------|
| <input type="checkbox"/> CMS@theChapel, NY | | |
| Friday & Saturday, May 15 & 16, 2009 | | |
| <i>SUPER EARLY BIRD RATE -through AUGUST 15, 2008</i> | | |
| Super EARLY BIRD | QUANTITY | TOTAL |
| \$109.00 | x _____ | \$ _____ |
| <i>Early Bird rates apply through MARCH 13, 2009</i> | | |
| EARLY BIRD | QUANTITY | TOTAL |
| *\$129.00 | x _____ | \$ _____ |
| EARLY BIRD GROUP RATE | QUANTITY (must be 5 or more) | TOTAL |
| *\$114.00 | x _____ | \$ _____ |
| <i>after MARCH 13, 2009</i> | | |
| STANDARD | QUANTITY | TOTAL |
| *\$149.00 | x _____ | \$ _____ |
| STANDARD GROUP RATE | QUANTITY (must be 5 or more) | TOTAL |
| *\$134.00 | x _____ | \$ _____ |

*prices subject to change

TOTAL \$ _____

Office Use

Rec'd:

Check#:

Date Entered:

Accepted forms of payment:

- * Checks made payable to *Christian Musician Summit, Inc*
- * Credit Card (Visa, MasterCard, AmEx, Discover)

Exp ____ / ____ CVV Code: _____

Name on Card _____

Billing Street # _____

Billing Zip _____

mailing address:
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 www.ChristianMusician.com