

Registration Form

(Registration is also available online at www.ihcf.net)

36th Annual Medical Missions Seminar, Fort Worth, Texas
January 12 - 13, 2018

Sponsored by and checks payable to:
IHCF/African Christian Hospitals, 102 N Locust St, Searcy, AR 72143
501-268-9511

Please Print

Continue names on back if necessary:

Name of Registrant(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Profession: _____

How did you learn of the seminar? Christian Chronicle _____; Direct Mail _____; College _____;
a friend told me _____; Other _____

Early Registration before Dec. 10 \$ 50.00 per person x _____ \$ _____

Registration Fee (after Dec. 10) \$ 60.00 per person x _____ \$ _____

Banquet Ticket (*Friday Evening*) \$ 30.00 per person x _____ \$ _____
(*Please pre-register for banquet. Tickets are limited*)

Students – Registration \$ 30.00 per person x _____ \$ _____

Students – Banquet Ticket \$ 20.00 per person x _____ \$ _____
(*Please pre-register for banquet. Tickets are limited*)

I would like to make a contribution in support of the seminar and
to supplement the reduced fee for students. \$ _____

TOTAL \$ _____

Pre-registration is available until January 4, 2018.

On-site registration will also be available.

Guest rooms and seminar are at same location.
Dallas Fort Worth Marriott Hotel at Champions Circle
3300 Championship Parkway, Fort Worth, Texas 76177

RESERVE YOUR ROOM NOW: You must make your room reservation by December 28, 2017
State you are with the "The Medical Missions Seminar". **1-866-348-3984**

The guest room rate is \$110.00 per night until December 28, 2017 for the seminar block of rooms

Rooms and room rate will not be guaranteed after **December 28, 2017**