

# 21<sup>st</sup> BIENNIAL SESSION MEAL FORM

July 29 - August 1, 2010

Renaissance Oklahoma City Convention Center Hotel

First Name                      Middle Initial    Last Name

Address                                      City                      State/Prov.      Zip/Postal Code      Country

Day Phone #                      Evening Phone #                      Email:

(    )                      (    )

<u>Meal</u>	<u>Day/Time</u>	<u>Cost</u>	<u>Quantity</u>	<u>Total</u>
President's Reception	Thursday, July 29 <sup>th</sup> 9:00 p.m. (After opening worship)	FREE		
Disciples Men Luncheon	Friday, July 30 <sup>th</sup> 12:00 p.m. – 1:45 p.m.	\$28.00	_____	\$_____
Disciples Women Luncheon	Friday, July 30 <sup>th</sup> 12:00 p.m. – 1:45 p.m.	\$30.00	_____	\$_____
Ministers Wives/Husbands Breakfast	Saturday, July 31 <sup>st</sup> 7:00 a.m. – 8:30 a.m.	\$21.00	_____	\$_____
Christian Church Foundation Mid-Day Break	Saturday, July 31 <sup>st</sup> 9:45 a.m. – 10:00 a.m.	FREE		
Convocation Banquet	Sunday, August 1 <sup>st</sup> 6:00 p.m. – 9:00 p.m.	\$40.00	_____	\$_____

**TOTAL MEAL COST**

**\$\_\_\_\_\_**

## Methods of Payment:

**Checks, Money Order, Cashier's Check** – make payable to: **National Convocation**, 130 East Washington Street, Indianapolis, IN 46204

**Credit Card:** American Express \_\_\_\_\_, Discovery \_\_\_\_\_, Master Card \_\_\_\_\_, Visa \_\_\_\_\_ (check one)

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Mailing Address (if different from information on the Registration Form)** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed:** \_\_\_\_\_

*Please print your name as it appears on your credit card*