

SCBCCE ANNUAL SESSION REGISTRATION FORM



WWW.SCCONGRESS.ORG

DATE: _____

OFFICE USE ONLY: _____

REGISTRATION LEVEL: PLEASE SELECT ONE

- ☐ CHURCH LEVEL ONE : \$350.00 (20 OR MORE DELEGATES)
- ☐ CHURCH LEVEL TWO : \$300.00 (11-19 DELEGATES)
- ☐ CHURCH LEVEL THREE : \$250.00 (6-10 DELEGATES)
- ☐ CHURCH LEVEL FOUR : \$200.00 (1-5 DELEGATES)

- ☐ ASSOCIATION LEVEL: \$150.00 (1-3 DELEGATES)
- ☐ DISTRICT CONGRESS LEVEL: \$300.00 (1-5 DELEGATES)
- ☐ INDIVIDUAL LEVEL: \$50.00 (THIS IS NOT A GROUP)
- ☐ MINISTERS' DIVISION: \$30.00
- ☐ PRESIDENT'S BANQUET: \$60.00 OR \$450 FOR TABLE OF 8

CONTACT INFORMATION :

FIRST NAME : LAST NAME :

ADDRESS :

POST CODE : PHONE NO : E-MAIL :

ORGANIZATION INFORMATION :

CHURCH/ASSOCIATION/DISTRICT NAME : E-MAIL :

PASTOR'S NAME: ORGANIZATION PHONE NUMBER:

STREET ADDRESS: CITY / STATE/ZIP :

DELEGATE INFORMATION: (NAME AND COURSE NUMBER)

1.		FREE
2.		\$20.00
3.		\$20.00
4.		\$20.00
5.		\$20.00
6.		\$20.00
7.		\$20.00
8.		\$20.00
9.		\$20.00
10.		\$20.00

AM	PM
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

TOTAL AMOUNT DUE:

(Add registration level and delegate fees for total amount due)

SCBCCE CE WORKSHOP REGISTRATION FORM



WWW.SCCONGRESS.ORG

DATE: _____

OFFICE USE ONLY: _____

REGISTRATION LEVEL: PLEASE SELECT ONE

- ☐ CHURCH: \$100.00
- ☐ ASSOCIATION LEVEL: \$150.00
- ☐ DISTRICT CONGRESS: \$150.00
- ☐ DELEGATE: \$20.00
- ☐ INDIVIDUAL LEVEL: \$25.00 (THIS IS NOT A GROUP)

CONTACT INFORMATION :

FIRST NAME : LAST NAME :

ADDRESS :

POST CODE : PHONE NO : E-MAIL :

ORGANIZATION INFORMATION :

CHURCH/ASSOCIATION/DISTRICT NAME : E-MAIL :

PASTOR'S NAME: ORGANIZATION PHONE NUMBER:

STREET ADDRESS: CITY / STATE/ZIP :

DELEGATE INFORMATION: (NAME AND COURSE NUMBER)

1.	<input type="text"/>	FREE
2.	<input type="text"/>	\$20.00
3.	<input type="text"/>	\$20.00
4.	<input type="text"/>	\$20.00
5.	<input type="text"/>	\$20.00
6.	<input type="text"/>	\$20.00
7.	<input type="text"/>	\$20.00
8.	<input type="text"/>	\$20.00
9.	<input type="text"/>	\$20.00
10.	<input type="text"/>	\$20.00

COURSE

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

TOTAL AMOUNT DUE:

(Add registration level and delegate fees for total amount due)

■ TRANSFORMING THE PEOPLE THROUGH CHRISTIAN EDUCATION

SCBCCE VBS WORKSHOP REGISTRATION FORM



WWW.SCCONGRESS.ORG

DATE: _____

OFFICE USE ONLY: _____

REGISTRATION LEVEL: PLEASE SELECT ONE

- ☐ CHURCH: \$100.00
- ☐ ASSOCIATION LEVEL: \$150.00
- ☐ DISTRICT CONGRESS: \$150.00
- ☐ DELEGATE: \$20.00 (ADD ON)
- ☐ INDIVIDUAL LEVEL: \$25.00 (THIS IS NOT A GROUP)

CONTACT INFORMATION :

FIRST NAME : LAST NAME :

ADDRESS :

POST CODE : PHONE NO : E-MAIL :

ORGANIZATION INFORMATION :

CHURCH/ASSOCIATION/DISTRICT NAME : E-MAIL :

PASTOR'S NAME: ORGANIZATION PHONE NUMBER:

STREET ADDRESS: CITY / STATE/ZIP :

DELEGATE INFORMATION: (NAME AND COURSE NUMBER)

1.	<input type="text"/>	FREE
2.	<input type="text"/>	\$20.00
3.	<input type="text"/>	\$20.00
4.	<input type="text"/>	\$20.00
5.	<input type="text"/>	\$20.00
6.	<input type="text"/>	\$20.00
7.	<input type="text"/>	\$20.00
8.	<input type="text"/>	\$20.00
9.	<input type="text"/>	\$20.00
10.	<input type="text"/>	\$20.00

COURSE

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

TOTAL AMOUNT DUE:

(Add registration level and delegate fees for total amount due)

MAKE CHECKS PAYABLE TO: SCBCCE
MAIL TO: REVEREND CATHY C. CHARLES
POB 15313
FLORENCE, SC 29506

DR. LUCIOUS DIXON-PRESIDENT
REVEREND MITCHELL ADGER-DEAN

■ TRANSFORMING THE PEOPLE THROUGH CHRISTIAN EDUCATION
SCBCCE CHURCH SCHOOL WORKSHOP REGISTRATION FORM



WWW.SCCONGRESS.ORG

DATE: _____

OFFICE USE ONLY: _____

REGISTRATION LEVEL: PLEASE SELECT ONE

- ☐ CHURCH: \$100.00 ☐ DELEGATE: \$20.00
☐ ASSOCIATION LEVEL: \$150.00 ☐ INDIVIDUAL LEVEL: \$25.00 (THIS IS NOT A GROUP)
☐ DISTRICT CONGRESS: \$150.00

CONTACT INFORMATION :

FIRST NAME : _____ LAST NAME : _____
ADDRESS : _____
POST CODE : _____ PHONE NO : _____ E-MAIL : _____

ORGANIZATION INFORMATION :

CHURCH/ASSOCIATION/DISTRICT NAME : _____ E-MAIL : _____
PASTOR'S NAME: _____ ORGANIZATION PHONE NUMBER: _____
STREET ADDRESS: _____ CITY / STATE/ZIP : _____

DELEGATE INFORMATION: (NAME AND COURSE NUMBER)

1.		FREE
2.		\$20.00
3.		\$20.00
4.		\$20.00
5.		\$20.00
6.		\$20.00
7.		\$20.00
8.		\$20.00
9.		\$20.00
10.		\$20.00

COURSE #

TOTAL AMOUNT DUE: _____

(Add registration level and delegate fees for total amount due)

Print more than forms as needed

MAKE CHECKS PAYABLE TO: SCBCCE
MAIL TO: REVEREND CATHY C. CHARLES
POB 15313
FLORENCE, SC 29506

DR. LUCIOUS DIXON-PRESIDENT
REVEREND MITCHELL ADGER-DEAN

■ TRANSFORMING THE PEOPLE THROUGH CHRISTIAN EDUCATION
SCBCCE YOUTH & YOUTH WORKERS WORKSHOP REGISTRATION FORM



WWW.SCCONGRESS.ORG

DATE: _____

OFFICE USE ONLY: _____

REGISTRATION LEVEL: PLEASE SELECT ONE

- ☐ CHURCH: \$100.00 ☐ DELEGATE: \$20.00
- ☐ ASSOCIATION LEVEL: \$150.00 ☐ INDIVIDUAL LEVEL: \$25.00 (THIS IS NOT A GROUP)
- ☐ DISTRICT CONGRESS: \$150.00

CONTACT INFORMATION :

FIRST NAME : _____ LAST NAME : _____

ADDRESS : _____

POST CODE : _____ PHONE NO : _____ E-MAIL : _____

ORGANIZATION INFORMATION :

CHURCH/ASSOCIATION/DISTRICT NAME : _____ E-MAIL : _____

PASTOR'S NAME: _____ ORGANIZATION PHONE NUMBER: _____

STREET ADDRESS: _____ CITY / STATE/ZIP : _____

DELEGATE INFORMATION: (NAME AND COURSE NUMBER)

1.		FREE
2.		\$20.00
3.		\$20.00
4.		\$20.00
5.		\$20.00
6.		\$20.00
7.		\$20.00
8.		\$20.00
9.		\$20.00
10.		\$20.00

COURSE #

TOTAL AMOUNT DUE: _____

(Add registration level and delegate fees for total amount due)

Print more than forms as needed

MAKE CHECKS PAYABLE TO: SCBCCE
MAIL TO: REVEREND CATHY C. CHARLES
POB 15313
FLORENCE, SC 29506

DR. LUCIOUS DIXON-PRESIDENT
REVEREND MITCHELL ADGER-DEAN

■ TRANSFORMING THE PEOPLE THROUGH CHRISTIAN EDUCATION

SCBCCE ONE DAY SESSION REGISTRATION FORM

THERE IS NO DELEGATE FEE FOR THE ANNUAL ONE DAY SESSION



WWW.SCCONGRESS.ORG

DATE: _____

OFFICE USE ONLY: _____

REGISTRATION LEVEL: PLEASE SELECT ONE

- ☐ CHURCH: \$150.00 ☐ DELEGATE: FREE
- ☐ ASSOCIATION/DISTRICT LEVEL: \$250.00 ☐ INDIVIDUAL LEVEL: \$50.00 (THIS IS NOT A GROUP)

CONTACT INFORMATION :

FIRST NAME : LAST NAME :

ADDRESS :

POST CODE : PHONE NO : E-MAIL :

ORGANIZATION INFORMATION :

CHURCH/ASSOCIATION/DISTRICT NAME : E-MAIL :

PASTOR'S NAME: ORGANIZATION PHONE NUMBER:

STREET ADDRESS: CITY / STATE/ZIP :

DELEGATE INFORMATION: (NAME)

1.	<input type="text"/>	FREE
2.	<input type="text"/>	FREE
3.	<input type="text"/>	FREE
4.	<input type="text"/>	FREE
5.	<input type="text"/>	FREE
6.	<input type="text"/>	FREE
7.	<input type="text"/>	FREE
8.	<input type="text"/>	FREE
9.	<input type="text"/>	FREE
10.	<input type="text"/>	FREE

TOTAL AMOUNT DUE:

(Add registration level and delegate fees for total amount due)

Print more than forms as needed

MAKE CHECKS PAYABLE TO: SCBCCE
MAIL TO: REVEREND CATHY C. CHARLES
POB 15313
FLORENCE, SC 29506

DR. LUCIOUS DIXON-PRESIDENT
REVEREND MITCHELL ADGER-DEAN