



Full Legal Name of the Organization:		
Address:		City:
Province/State:	Postal/ Zip Code:	Country:
Phone:	Fax:	Toll Free:
Email:		Website:
Primary Contact Person:		
Email:		Phone:
Finance Person:		
Email:		Phone:
<input type="checkbox"/> Yes, Mission Central can send me mail to my organization's address as listed above.		
<input type="checkbox"/> No, Mission Central should not send me correspondence to the address above, but to the following one:		
Address:		City:
Province/State:	Postal/ Zip Code:	Country:
Phone:	Fax:	Toll-Free:
Sponsorship Tiers	Rate	Sub-total
<input type="checkbox"/> Platinum (with Living Room)	\$4000	\$
<input type="checkbox"/> Gold (with Living Room)	\$3000	\$
<input type="checkbox"/> Silver (with Living Room)	\$2000	\$
<input type="checkbox"/> Bronze (with Living Room)	\$1000	\$
<input type="checkbox"/> Gold (without Living Room)	\$2000	\$
<input type="checkbox"/> Silver (without Living Room)	\$1500	\$
<input type="checkbox"/> Bronze (without Living Room)	\$1000	\$
Unique Add-ons (total # available)		
<input type="checkbox"/> Sponsor the Youth Rally (1)	\$1000	\$
<input type="checkbox"/> Sponsor a "Bird of a Feather" Session (4)	\$500	\$
<input type="checkbox"/> Sponsor a Seminar (40)	\$500	\$
<input type="checkbox"/> Logo displayed on GROW conference page (10)	\$500	\$
<input type="checkbox"/> Logo displayed on CREATE conference page (10)	\$500	\$
	Subtotal:	\$
	GST 5%	\$
Less deposit paid:		\$
	Total:	\$
<p>NOTE: Tiers with "Living Room" include spaces for you to meet people who drop by as well as an opportunity to showcase what you're all about and tell your ministry story with your own created content.</p> <p>NOTE: If an "Add-on" is sold out, you will be sent a refund for the amount of the Add-on (plus tax).</p> <p><input type="checkbox"/> I am interested in sharing our agency information with Waybase. (see Schedule D for details)</p>		

Payment Options

Payments may be made via e-transfer, cheque or credit card. If paying by cheque, please address to Mission Central.

Credit Card Number: <input type="text"/>	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard
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Expiry Date: <input type="text"/>	CVV (3-digit security code): <input type="text"/>
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Credit Card Holder (Print Name): <input type="text"/>	Authorized Signature: _____
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Billing Email or Mail Address: <input type="text"/>
<i>Name/Address/City/PC</i>

The signatory confirms that he/she is an authorized representative of the above applying organization, has read and understand the Terms and Conditions of the Registration, agrees with the Statement of Faith, agrees with the Principles, Policies and Practices of Mission Central and adopts such on behalf of the applying organization.

Send this form to 7200 Cariboo Road, Burnaby, BC V3N 4A7 or community@missioncentral.ca