



Early Pre-Registration Ends: March 16, 2025 - (\$325.00)
Online and Mailed-In Registration After May 16, 2025 - (\$350.00)

☐ **MINISTERS CONFERENCE** ☐ **CHOIR GUILD WORKSHOP**

☐ Male ☐ Female ☐ 18-50 ☐ 51-64 ☐ 65+ ☐ H.U. Alumni - What Class Year? _____

Name: _____ Title/Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Phone: (____) _____ Fax: (____) _____

Title/Section: _____ Church Denomination: _____

Name of Church/Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Seminary Student ***: _____

PLEASE RESERVE THE FOLLOWING CAMPUS ROOMS:

<input type="checkbox"/> Air-Conditioned (w/Roommate)	\$200.00	_____
<input type="checkbox"/> Air-Conditioned (NO Roommate)	\$400.00	_____
<input type="checkbox"/> Laundry Card	\$5.00	_____
<input type="checkbox"/> Laundry Card	\$10.00	_____

☐ **Check here if you require
Wheelchair/Handicap Access**

**PLEASE NOTE: All campus rooms
have shared bathrooms.**

ROOMMATE'S NAME: _____

MEAL TICKET: ☐ YES ☐ NO

☐ **FULL PLAN:** \$210.00 _____
(Breakfast, Lunch, Dinner)

☐ **MODIFIED PLAN** \$145.00 _____
(Breakfast, Lunch)

Special Needs Requested: _____

MEALS SUBTOTAL

\$

QUANTITY**UNIT PRICE****TOTAL**

_____	Registration Fee	\$325.00	_____
_____	Seminary Student***	\$250.00	_____
_____	Music Packet	\$80.00	_____
_____	Continuing Ed. Units***	\$60.00	_____
_____	On-Site Registration Fee	\$350.00	_____
_____	On-Site Seminary Student***	\$275.00	_____

Print your name and title as it should appear on your ID badge:

Send All Correspondence: ☐ Home

☐ Church/Office Email Address: _____

*Registration forms postmarked after **May 16, 2025**, will be processed as on-site submissions.
On-site Registration begins on June 1, 2025 in Holland Hall. **Required CEU forms may be picked up in Holland Hall. ***Proof of enrollment is required for all seminary students by submitting a copy of current enrollment and college ID with the registration form.

PAYMENT METHOD:

- ☐ **Money Order**
☐ **Cashier's Check**
☐ **Certified Check**



CONFERENCE FEES SUBTOTAL \$ _____

LODGING/MEALS SUB TOTAL \$ _____

GRAND TOTAL ENCLOSED

\$

Card# _____ **Exp. Date** _____ / _____

Signature _____

(Signature is required for processing credit card payments)

MAIL TO: Special Projects ▪ P.O. Box 6396 ▪ Hampton, VA 23668

ONLINE REGISTRATION: MINCONF.HAMPTONU.EDU