

Adult District Conference Registration Form

August 14-15, 2026. Northern Ohio District Conference at Akron Springfield

YOU MUST REGISTER BY August 3 IF YOU WANT TO ORDER MEALS

Send Registration Forms and checks to:
Northern Ohio District, 1107 E. Main Street, Ashland, OH 44805

All delegates must also complete this form. Each congregation must provide a delegate authorization form signed by the church's pastor, moderator, board chair, or clerk. This is verification that the delegate has been chosen by the congregation to represent them at conference.

You may now also register on-line & print conference materials from the District Website: www.nohcob.org.

PLEASE PRINT OR TYPE

Are you a Delegate? Yes No

Congregation Name _____

Your Name _____

Address _____

Street

City

State

Zip Code

Phone Number (_____) _____ E-mail _____

Is this your first conference? Yes No Do you want a Conference Book? Yes No

Registration Fee: \$25.00 pre-registration	(\$35.00 on site)	\$ 25.00
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Choose your meal options:

Friday Dinner

\$13.00

Saturday Lunch

\$6.00

Saturday Dinner

\$13.00

Special dietary needs? _____ Total Meals: \$ _____

Are you attending the Pre-conference event? Yes No

Do you wish to receive CEU's? Yes No

Are you attending the Ice Cream Social Friday after Insight Sessions? Yes No

(The cost is included in registration fees.)

Please add together your Registration Fee, & Meal Costs

(Make checks to "Northern Ohio District")

Total Cost: \$ _____