

BM&E STATE CONGRESS OF CHRISTIAN EDUCATION

CLASS SELECTION FORM

CHURCH OR DISTRICT NAME: _____ PASTOR: _____

MAILING ADDRESS _____ CITY _____ STATE _____

PLEASE TYPE OR PRINT LEGIBLY

REGISTRATION PAYMENT MUST INCLUDE ANY SPECIAL FEES.

Delegate's Name First Name, Middle Initial, Last Name	Delegate's Email & Mailing Address (REQUIRED)	Phone #	CLASS #	CLASS Name (See Course List)	Include Special Fees If Required
Jamesse L. Kesse (example)	Jlkesee1967@gmail.com 307 N. 17 th West Columbia, TX 77486	979-417-6926	2097	Rethinking Christian Education	

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