



**Individual and Pastor Registration Form**  
**CMTA/GLASS Convention • April 23-24, 2010**  
**Pasadena Convention Center**



Register on-line at: [www.cmtaconvention.org](http://www.cmtaconvention.org)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Church Name \_\_\_\_\_





**INSTRUCTIONS**

1. Complete areas to the left. (PLEASE PRINT)
2. Indicate your choices for registration. If you are registering 5 or more people, please use the group form.
3. Pastors must submit registration with Church Letterhead or Business Card. One Pastor per church only.
4. Full-time College or Seminary Students must submit a photocopy of their current Student I.D. with this form.
5. Enclose check payable to CMTA or complete the credit card information below.
6. Confirmation Forms and Badges will be mailed two to three weeks prior to the Convention.
7. Walk-in registration is always available during the Convention.
8. Duplicate this form as needed. One form per person.

REGISTRATION	Pre-Registration April 5	After April 5	AMOUNT
Full Convention - Two Days	\$69.00	\$79.00	
One Day - Friday	\$49.00	\$59.00	
One Day - Saturday	\$49.00	\$59.00	
Full Time Student (must include a photocopy of current Student I.D.)	\$35.00	\$45.00	
Pastor Registration (one Pastor per church; this registration must be submitted with church letterhead or business card)	\$49.00	\$59.00	
Voluntary Donation (A Tax Deductible Receipt will be returned with our thanks)			
<b>GRAND TOTAL</b>			

**DO NOT MAIL AFTER APRIL 5, 2010**

**Register On-line or Fax**

Please charge my Credit Card  
 (circle one card)    

Name on Card \_\_\_\_\_

Card No. \_\_\_\_\_ Security Code \_\_\_\_\_

Exp.Date \_\_\_\_/\_\_\_\_ Zip Code for Card \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Please make check payable and mail to:  
**CMTA**  
**PO Box 1500**  
**Temple City, CA 91780-7500**

CMTA Office Use

Date Pmt \_\_\_\_\_ Check No. \_\_\_\_\_

Amt. \_\_\_\_\_ P \_\_\_\_ C \_\_\_\_ CC \_\_\_\_ CA \_\_\_\_

Credit Card Registrations may be faxed to (626) 286-6710 • Voice Phone (626) 286-6492  
 Toll free outside the Greater Los Angeles area (888) 900-CMTA