

RICM Renewal Weekend Registration Form

Print and fill out this form and send to:

RICM, P.O. Box 94, East Moline, IL 61244-0094

If you have any questions, call 309-755-5114

or send an email to: ricmadm@aol.com

Important:

When filling out this form be sure to include the location and title of the weekend you are planning to attend.

Renewal Weekend Title: _____

Weekend Location: _____ Weekend Date: _____

Name(s): _____

Address: _____

Telephone: _____ Age: _____

(for bed assignments) A range is acceptable.

My email address: _____

Roommate Preference: _____

(must be mutually agreed)

Registration Fee(s): (includes six meals) _____

Donation: _____

(To help others attend this conference.)

Total amount enclosed: _____

Make checks payable to:

RICM
P.O. Box 94
East Moline, IL 61244-0094