

NAMA 2025 Conference Registration

Name:	Position:	
		(Ministry Assistant, Pastor's Assistant, etc.)
Organization: (Church Name, Association Name, Convention Name, etc.). I		
Business Address:		
City/State:	Zip Code:	Daytime phone:
Email:	Home/Cell Phone:	
Is this your first NAMA Conference?	Total years se	ervice as a ministry assistant?
Birthday Month, Day, Year (Year is optional)		
Fe	es enclosed:	
Conference Fee Early Bird (received by 1/31/25): \$325		\$
Conference Fee for RETIREES ONLY: \$28	5	\$
Conference Fee (received after 2/1/25): \$3	50	\$
Spouse/Guest \$150: Name:		\$

Total Amount Enclosed
§_____

Fee includes: Smoky Mountain Welcome on Wednesday; Thursday lunch; Friday lunch and dinner. New this conference is that your NAMA dues for January 1, 2025-December 31, 2026 are included in the conference fee.

In order to qualify for early bird rates, registration form must be received by January 31, 2025.

Make checks payable to NAMA.

Please mail check and registration form to Amanda Anderson, NAMA

1004 New Union Road • Dayton, TN 37321

Or you may complete registration and pay online at nama-sbc.org

CANCELLATION POLICY:

February 1, 2025 or earlier—50% refund. After February 2, 2025, a refund is not available

Please initial here that you understand the refund policy: _