



onemorechild.org/soundthecall

SOUND THE CALL

RISE *for life*

2024 REGISTRATION

Please submit ONE registration form per church or pregnancy care center/clinic. Make check payable to One More Child and include STC 2024 in the memo.

Mail registration form and check to:
Mary Lou Hendry
One More Child
P.O. Box 8190, Lakeland, FL 33802

Center/Church Name

Center Director/Church Pastor

Mailing Address

City State Zip code

Physical Address (if different from mailing address)

City State Zip code

Phone number

Director's/Pastor's email

Center/Church website (if applicable)

Lake Yale Baptist Conference Center
39034 County Road 452, Leesburg, FL 34788

Hotel Accommodations (per person):

Two nights (single occupancy)	\$315
Two nights (double occupancy)	\$265
Three nights (single occupancy)	\$395
Three nights (double occupancy)	\$345

Commuter Pricing:

One-day commuter	\$75
Two-day commuter	\$130
Three-day commuter	\$145

Special Pastor's Package (spouse attends FREE):

One-night hotel	\$195
Two-night hotel	\$250
Three-night hotel	\$300

Prices are non-negotiable. All registrations include conference, materials, and meals (lunch on Thursday through breakfast on Saturday).

REGISTRATION DEADLINE: October 18, 2024

LATE REGISTRATION FEE: \$50

CANCELLATION FEE: \$50

NO REFUNDS after October 18, 2024

Online registration: onemorechild.org/soundthecall

Credit card payments are only accepted online.

Workshop 6 and 7 (Breakout Sessions): Friday, October 25

Please indicate the number of attendees per workshop for your center.

- _____ 1. **Common Ground:** Carole Alexander and Pete Mishler
- _____ 2. **Medical:** Dr. John T. Littell
- _____ 3. **Her Plan Overview:** Florida Coordinator
- _____ 4. **Sexual Risk Avoidance Education:** Darla Huddleston and Angie Kagey
- _____ 5. **Administration:** Policies and Procedures: Irma Rodriguez and Ruth Rodrigues
- _____ 6. **The Option of Adoption:** Sara McCraw
- _____ 7. **Abortion Recovery Care Part 2:** Jodie Zicker and David Williams
- _____ 8. **Biblical Leadership:** Jim Dundas
- _____ 9. **Evangelism, Focus on the Heart:** Mary Lou Hendry

ATTENDEE 1

Full name

Phone number

Emergency Contact Name

Emergency Contact Phone number

Select Occupancy: ___ Single ___ Double

Commuters Only: ___Thursday ___ Friday ___Saturday
(check days)

ATTENDEE 2 (Preferred roommate if applicable)

Full name

Phone number

Emergency Contact Name

Emergency Contact Phone number

Select Occupancy: ___ Single ___ Double

Commuters only: ___Thursday ___ Friday ___Saturday
(check days)

Special Needs (if applicable) : _____

Total registration fee: _____

ATTENDEE 3

Full name

Phone number

Emergency Contact Name

Emergency Contact Phone number

Select Occupancy: ___ Single ___ Double

Commuters Only: ___Thursday ___ Friday ___Saturday
(check days)

ATTENDEE 4 (Preferred roommate if applicable)

Full name

Phone number

Emergency Contact Name

Emergency Contact Phone number

Select Occupancy: ___ Single ___ Double

Commuters only: ___Thursday ___ Friday ___Saturday
(check days)

Special Needs (if applicable) : _____

Total registration fee: _____

ATTENDEE 5

Full name

Phone number

Emergency Contact Name

Emergency Contact Phone number

Select Occupancy: ___ Single ___ Double

Commuters Only: ___Thursday ___ Friday ___Saturday
(check days)

ATTENDEE 6 (Preferred roommate if applicable)

Full name

Phone number

Emergency Contact Name

Emergency Contact Phone number

Select Occupancy: ___ Single ___ Double

Commuters only: ___Thursday ___ Friday ___Saturday
(check days)

Special Needs (if applicable) : _____

Total registration fee: _____