

*In All Thy Ways Acknowledge Him...*

**ODACS Educators' Convention**

November 10-11, 2011      Charlottesville, VA



DELEGATE REGISTRATION

School \_\_\_\_\_ City \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ AACS Member  Yes  No

Principal/Administrator(s) \_\_\_\_\_

Pastor(s) \_\_\_\_\_

PLEASE LIST PERSONNEL ATTENDING

(Type or print clearly since this information will be used for name tags. Please include name(s) of principal(s) and pastor(s) **again** on this list.)

- |          |          |
|----------|----------|
| 1 _____  | 13 _____ |
| 2 _____  | 14 _____ |
| 3 _____  | 15 _____ |
| 4 _____  | 16 _____ |
| 5 _____  | 17 _____ |
| 6 _____  | 18 _____ |
| 7 _____  | 19 _____ |
| 8 _____  | 20 _____ |
| 9 _____  | 21 _____ |
| 10 _____ | 22 _____ |
| 11 _____ | 23 _____ |
| 12 _____ | 24 _____ |

List any additional names on the back.

Total Delegates \_\_\_\_\_ x \$25 (Pastor, early registration) = \_\_\_\_\_

\_\_\_\_\_ x \$35 (AACS member, early registration) = \_\_\_\_\_

**Early Registrations must be post marked by October 27.**

\_\_\_\_\_ x \$40 (AACS member, late registration) = \_\_\_\_\_

\_\_\_\_\_ x \$45 (Non-AACS member schools) = \_\_\_\_\_

*Mail a check, payable to ODACS, along with this form to the following address:*

**ODACS Convention Registration**  
**3131 Valor Court**  
**Broadway, VA 22815**