



WESTMINSTER CONFERENCE REGISTRATION FORM
September 8, 2018

Title: Mr. Mrs. Miss Rev. Dr.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail _____

Registration Fee: *(check payable to RPTS – please mail form to RPTS)*

Individual Registration Fee – Early Bird by August 8 \$ 30.00

Individual Registration Fee – From August 9 to conference \$ 45.00

Lunch (Meatball Sandwich, Salad, Cookie, Drink) \$ 6.50

AMOUNT ENCLOSED: \$ _____

Mail to:

RPTS

Attn: Westminster Conference

7418 Penn Avenue

Pittsburgh, PA 15208

Any questions, please email Kim Backensto at kbackens@rpts.edu

Phone: 412-731-6000