

Conference Registration By email: Scan and email PDF to Registrar@christianleadershipalliance.org

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One name per registration form please. Make copies for additional guests.

First Name:	Last Name:				
Nickname (for badge):	Title:				
Organization (do not abbreviate):					
Mailing Address:					
City:	State/Prov.:	Zip/Postal Code: Country:			
Mobile Phone: ()	Email:	·			
Is this your first Outcomes conference? Yes	One	unique email address requ	iired for each reg	gistrant	
May we share your email with exhibitors for a one-time email prior to event and one-time email post event? Yes No	£	If you have a disability 487-0900, ext. 118, pr	r-related reque ior to completi	est, please call (949) ng your registration	9) n.
Tuesday, April 9- Thursday, April 11, 2024			Pricing Thru January 31, 2024	Final Conference Pricing	Your Fee
Three-day Leadership Experience (Tues. – Thurs.) Includes access to all high-impact educational sessions, peer networking opportunities, spiritual enrichment, specialized leadership intensives, exhibit hall, lunch provided Tuesday and Wednesday, and includes access to all general sessions. For more information on each registration option and what is included, please connect with the Registrar, Registrar@ChristianLeadershipAlliance.org		Member	\$849	\$999	\$
		Non-Member	\$1049	\$1,199	
	I	Spouse	\$499	\$499	
		☐ Men's Breakfast — Thursday (\$59)		+\$	
		Women's Luncheon — Thursday (\$59)			+\$
		Box Lunch Add-on — Thursday (\$42)			+\$
		CEO Forum on Wednesday (\$99) Must be CEO/President/Executive Director or Senior Pastor.			+\$
Questions? Call (949) 487-0900, ext. 118		Group of 5 members (purchase 4, receive 5th free) All 5 registrations must be submitted at the same time.			\$
Total Amount Due: Choose check or credit card option below. Total amount must accompany registration form. Total \$					
Two Ways to Pay (by check or credit card):					
My check for \$ is enclosed (Make payable in U.S. fu	ınds to <i>Christiar</i>	Leadership Alliance	e.)		
Card Type: ☐AmEx ☐ MasterCard ☐ VISA Card Number	er: Contact Re	gistrar to pay by pho	ne Exp:	/ Securi	ty Code:
Name on credit card:		Phone: ()			
Credit Card Billing Address (if different from above):					
Cardholder Signature:		Date:			
Cancellations: In the event you need to cancel your registration, a refund written requests received by Christian Leadership Alliance on or before Fe we are unable to give refunds. However, you may transfer your fees to an your place. First transfer is complimentary; each subsequent transfer will	ebruary 6, 2024. A yone who is able to	fter that date,	-0	CHRISTIAN ALLI	LEADERSH

Not a Member?

Go to www.ChristianLeadershipAlliance.org and join online now.



Christian Leadership Alliance 101 Roper Creek Dr. Greenville, SC 29615 Phone: (949) 487-0900, ext. 118