

# TEACHERS CLINIC

REGISTRATION  
October 22–23, 2018

School Name \_\_\_\_\_ Abeka Account No. \_\_\_\_\_

Contact Person \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

School Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## Delegate Information

Dr. Mr.	Mrs. Miss	Last Name	First Name	Specific Grade or Office Track	Early Reg. Fee Postmarked by October 8, 2018	Reg. Fee Postmarked after October 8, 2018
1.					\$50	\$60
2.					\$50	\$60
3.					\$50	\$60
4.					\$50	\$60
5.					\$50	\$60
6.					\$50	\$60
7.					\$50	\$60
8.					\$50	\$60
9.					\$50	\$60
10.					\$50	\$60
11.					\$50	\$60
12.					\$50	\$60

## Payment Information

Online

Credit card registrations may be submitted  
online at [TeachersClinic.com](http://TeachersClinic.com).

Check or Money Order Enclosed

**Make check or money order payable to PCC and mail to:**

Reservation Office  
Pensacola Christian College  
P.O. Box 18000  
Pensacola, FL 32523

For Campus House reservations, call 1-800-443-7742.