

CONFERENCE REGISTRATION

REGISTRATION DEADLINE: 8/31/2025

2025 DISTRICT CONFERENCE

September 16-18, 2025

The Alliance Midwest District Conference will once again be held at the district office. 10070 East US Hwy 36, Avon, IN 46123

Conference Registration includes meals, snacks, and beverages throughout the conference. Breakfast will be on your own (or at your hotel). **You will need to provide your own lodging for the conference.** For nearby hotels or an Airbnb™, the closest locations are in Avon, Brownsburg, and Plainfield, Indiana. For a link to a secured hotel rate, visit our web site at www.mwcma.org/district-conference.

HOW TO REGISTER

STEP 1: Total the number of individuals you are registering for the conference below and fill in the total due.

How many are you registering?

Official Worker	\$125 ×	=	
General Attendee	\$125 ×	=	
DEXCOM Member	\$125 ×	=	
Retired Worker*	\$75 ×	=	
International Worker*	\$75 ×	=	
TOTAL AMOUNT DUE:		\$	

STEP 2: Complete an Individual Registration Form for *each individual* that will attend District Conference.

Please print clearly as we will create nametags for each of you from this information. You may make as many copies of Individual Registration forms as necessary.

STEP 3: Please return completed form(s) with a check made payable to:

The Alliance Midwest District 10070 East US Highway 36, Avon, IN 46123



The schedule and registration form are available online. Scan this QR code or visit www.mwcma.org/district-conference.

^{*}and Spouse of Retired Worker/International Worker



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Each person attending the District Conference must have a completed Individual Registration Form below.

(Last Name)	(First Name)		
(Phone Number)	(E-mail)		
(Church)	(City)	(State)	
(Type of Registration - see c	ategories in Step 1)		
(D)			
(Please list any dietary restri			
INDIVIDUAL REGIST			
INDIVIDUAL REGIS	TRATION FORM:		
(Last Name)	(First Name)	(State)	



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Each person attending the District Conference must have a completed Individual Registration Form below.

INDIVIDUAL REGISTRATION FORM:				
(Last Name)	(First Name)			
(Phone Number)	(E-mail)			
(Church)	(City)	(State)		
(Type of Registration - see o	categories in Step 1)			
(Please list any dietary restri				
(Last Name)	(First Name)			
(Phone Number)	(E-mail)			
(Church)	(City)	(State)		
(Type of Registration - see c	categories in Step 1)			
(Please list any dietary restri	ctions.)			