



PROGRESSIVE NATIONAL BAPTIST CONVENTION, INC.

62nd EASTERN REGION ANNUAL SESSION

JUNE 23rd – 27th, 2025

KING OF PRUSSIA, PA

Reverend Dr. Tyrone P. Jones IV, Eastern Region Vice President-At-Large

REGISTRATION FORM (Please note that all prices include processing fees.)

\$210.00 ORGANIZATION REGISTRATION

Check One: ☐ Church ☐ Individual ☐ State Convention ☐ State Fellowship ☐ Association

Please type or print clearly

CHURCH NAME: _____

PASTOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHURCH PHONE: _____ CHURCH FAX NUMBER: _____

E-mail: _____

☐ **Individual Registration Fee: \$30.00**

☐ **Non-Member/Visitor Registration Fee: \$55.00**

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ E-mail: _____

☐ **Congress Registration Fee: \$30.00**

CONGRESS COURSE: _____

☐ **Women Department Brunch \$42. # of Tickets _____ Total \$ _____**

☐ **Leaders Breakfast \$35. # of Tickets _____ Total \$ _____**

☐ **Departmental Registration Fee: \$30.00**

<input type="checkbox"/> Women Department	<input type="checkbox"/> Laymen Department	<input type="checkbox"/> Ushers Department	<input type="checkbox"/> Missions
<input type="checkbox"/> Evangelism	<input type="checkbox"/> Moderator	<input type="checkbox"/> State Presidents	<input type="checkbox"/> Health Ministry
<input type="checkbox"/> Young Adult Women	<input type="checkbox"/> Young Adult Men	<input type="checkbox"/> Youth Department	<input type="checkbox"/> Christian Education

Method of Payment: _____ Check (memo: to PNBC Eastern Region) _____ Money Order _____ Credit Card

Credit Card # _____ Expiration Date: _____

Please Print Name as it appears on Card: _____

Signature of Cardholder: _____

Amount Remitted: \$ _____

Return Completed Form By: Friday June 13th, 2025 * PNBC Headquarters * 601 50th Street, NE, Washington, DC 20019

PHONE: 202-396-0558 * FAX: (202) 398-4998 * EMAIL: membership@pnbc.org