

ABW's interMISSION May 22-24, 2026 Registration

Deep Roots, Visible Fruit.

Note: Online registration & details for e-transfer are available at atlanticbaptistwomen.ca

By registering for interMISSION, I understand that photographs and videos may be taken during the event for promotion of the UBWMU/ABW to be used in print, on their website, through social media and in other venues

Name: Dr./ Rev./ Mrs./ Ms./ Miss.

Mailing Address:

Phone: ()

Email:

Date: This is my first ABW interMISSION: Yes No Age (optional): _____

I would like mobility help during the event I would like mobility help to/from the residence

Registration Fee:

\$57 per person until April 23; \$67 per person after April 23. Deadline to register: May 4. Registration is required No Registrations, including for on-campus meals will be accepted after May 4. **No refunds after May 4.**

Line A: Registration Fee \$ _____

Crandall University Meals & Accommodations

Lunch and supper meals are available at Crandall University. Prepayment for meals at Crandall is required upon registration. **Please indicate any food allergies or restrictions:**

Please indicate all meals required. All meal prices are listed **with tax included.**

Friday Supper \$24.85 (chicken souvlaki, greek salad, beverages, dessert) \$ _____

Saturday Lunch \$19.05 (soup, sandwiches, beverages, dessert) \$ _____

Saturday Supper \$23.32 (BBQ pulled pork, potato wedges, beverages, dessert) \$ _____

Sunday Brunch \$23.52 (brunch buffet, beverages) \$ _____

Line B: Total Cost of Meals \$ _____

Accommodations at Crandall. All Prices are for two nights **with tax included** (breakfast also included)

Single room occupancy: **\$201.45**. Double room occupancy: **\$171.83**

Single room with washroom/ Accessible room: **\$213.30**

I would like to share my double room with: _____

Line C: Cost of Accommodations \$ _____

Make all cheques or money orders payable to: Atlantic Baptist Women

My Workshop Choices

If your 1st or 2nd choices are full by the time of your registration, your 3rd and 4th choices will be considered.

1st _____ 2nd _____

3rd _____ 4th _____

Registration Fee (Line A) \$ _____

Cost of Meals (Line B) \$ _____

Accommodations (Line C) \$ _____

Total Cost (Line A+B+C) \$ _____

I am _____ I am not _____ the designated person to pick up the resources for my ABW/WMS group.

Church name and location:

WMS/ABW Group name:

I have been designated to pick up 2025 ABW resources for the following groups/churches:

**Send completed registration form and payment (made payable to Atlantic Baptist Women) to:
interMISSION Registrar 536 Northumberland St. Fredericton NB, E3B 3K8**

Questions regarding registration? Contact Kate Thompson
registrar.intermission@gmail.com (506)292-8607