

REG#: _____ DATE PAID: _____ _____
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**CHRISTIAN RESOURCE NETWORK, INC.**

**NETWORK BREAKFAST REGISTRATION FORM**

**Saturday, November 7, 2009**

**Place: EASTERN NAZARENE COLLEGE (Mann CTR)  
23 EAST ELM AVE, QUINCY MA 02170**

**Time: 8:30 AM–12:30 PM**

**\*Donation: \$30.00 Seniors: \$25 Youth: \$20  
\*Vendors \$65 Transportation: \$7**

**I will like to obtain transportation.**

**Full Name:**

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**Street Address:**

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**City:**

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**State:**

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**Zip Code:**

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**Telephone:**

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**Your E-mail Address:**

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**Registration: \$ \_\_\_\_\_  
Transportation: \$ \_\_\_\_\_  
Vendors \$ \_\_\_\_\_  
Contribution: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_**

**Please make check or money order payable to:  
  
Christian Resource Network, Inc.  
Box 190971/Boston, MA 02119**

**For more information or for tickets, please call us at Tel 617.282.6182 or Email:  
Jblake@christianresourcenetwork.org  
Visit the website: www.christianresourcenetwork.org \*Includes full breakfast.**