

REG#: _____ DATE PAID: _____ _____
--

**CHRISTIAN RESOURCE NETWORK, INC.**

**NETWORK BREAKFAST REGISTRATION FORM**

**Saturday, November 5, 2011**

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

**Time: 8:30 am—12:30pm**

**\*Donation: \$30.00 Seniors: \$25 Transportation: \$7  
Youth: \$20 \*Vendor table: \$50 Vendor with Breakfast \$65**

**I will like to obtain transportation.**

**Full Name:**

**Street Address:**

**City**

**State:**

Ma

**Zip Code:**

**Telephone:**

**Your E-mail Address:**

**Registration:** \$ \_\_\_\_\_  
**Transportation:** \$ \_\_\_\_\_  
**Vendor Table:** \$ \_\_\_\_\_  
**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](http://www.christianresourcenetwork.org) \*Includes full breakfast.**