Preaching Holiness in a Pluralistic World

Preaching Conference
October 1 - 2, 2013

Nazarene Theological Seminary
Conference Schedule

TUESDAY OCTOBER 1, 2013
7:30am   Registration (NTS FORMAL LOUNGE)
9:00am   Session One (NTS CHAPEL)
10:15am  Break (NTS FORMAL LOUNGE)
10:45am  Session Two
12:00pm  Lunch (NTS CLASSROOMS)
1:30pm   Session Three
2:45pm   Break
3:15pm   Session Four
4:30pm   Break
6:00pm   Banquet (KANSAS CITY FIRST CHURCH OF THE NAZARENE)

WEDNESDAY, OCTOBER 2, 2013
9:00am   Session Five
10:15am  Break
10:45am  Session Six
12:00pm  Lunch
1:30pm   Session Seven
2:45pm   Break
3:15pm   Session Eight
4:30pm   Dismissal

CONFERENCE SESSIONS WILL INCLUDE:
• Hymn & Prayer
• Sermon
• An Interview of the Preacher
• Q & A between Preacher & Conference Participants

Conference Sponsors

FUNDING PROVIDED BY:
- NTS F. M. DARDEN LECTURES ON PARISH MINISTRY
- NTS W. D. McGRAW LECTURES ON PARISH MINISTRY

GENEROUS DONATIONS ALSO RECEIVED BY:
- ALLEN & SARALYN BROWN    - CHAD & JEANNIE WILLIAMS
- WAYNE & KAY RICE

REGISTRATION FEE: ONLY $49

Refreshments at breaks, as well as lunch and banquet, are included in conference registration fee.
Conference Preachers

DAN BOONE
President | Trevecca Nazarene University
Nashville, TN

SCOTT DANIELS
Pastor | Pasadena First Church of the Nazarene
Dean & Professor, School of Theology | Azusa Pacific University
Pasadena/Azusa, CA

TIM GREEN
Dean, School of Religion; Chaplain; Professor of Old Testament | Trevecca Nazarene University
Nashville, TN

OLIVIA METCALF
Co-Senior Pastor | Mountain Home Church of the Nazarene
Mountain Home, ID

GABRIEL SALGUERO
President | National Latino Evangelical Coalition
Co-Lead Pastor | Lamb’s Church
New York City, NY

CARLA SUNBERG
Co-District Superintendent | East Ohio District Church of the Nazarene
Canton, OH

SAM VASSEL
Senior Pastor | Bronx Bethany Church of the Nazarene
Bronx, NY

J. K. WARRICK
General Superintendent | Global Ministry Center, Church of the Nazarene
Lenexa, KS

REGISTER, GET UPDATED CONFERENCE INFORMATION, & READ FULL BIOGRAPHIES OF CONFERENCE PREACHERS:
NTS.EDU/PREACHING-HOLINESS
Hotel Information

DRURY INN & SUITES
10963 Metcalf | Overland Park, KS 66210 | 913.345.1500 | druryhotels.com*
GROUP RATE: $113.99
GROUP ID NUMBER: 2179237
GROUP RATE DEADLINE: September 2, 2013
Complimentary Continental Breakfast

*To book online: Go to web address above; select “Group Reservation” under the “Reservations” menu item at top of page; enter Group ID Number (listed above)

PEAR TREE INN
10951 Metcalf | Overland Park, KS 66210 | 913.451.0200 | druryhotels.com*
GROUP RATE: $79.95
GROUP ID NUMBER: 2179175
GROUP RATE DEADLINE: August 30, 2013
Complimentary Continental Breakfast

*To book online: Go to web address above; select “Group Reservation” under the “Reservations” menu item at top of page; enter Group ID Number (listed above)

HILTON GARDEN INN
5800 College Ave | Overland Park, KS 66211 | 913.345.2661 | overlandpark.hgi.com**
GROUP RATE: $99.00
GROUP ID CODE: NTS
GROUP RATE DEADLINE: August 30, 2013
Breakfast prices start at $9.95

**To book online: Go to web address above; in the “Check Availability” section in upper right corner, select “More Options”; select “Add special rate codes”; enter the Group ID Code (listed above)
## Conference Registration

**Register Online:** nts.edu/preaching-holiness

### TOTAL NUMBER OF INDIVIDUALS YOU ARE RegisterING: _______ X $49 - $ _______

*(Use q back to register up to 5 individuals; make copies if registering more than 5)*

### Billing Information:

- Check Enclosed  □ Charge Credit Card (circle type): Visa  Mastercard  AMEX  Discover
- Name on Card: ___________________________________________  Security Code: ___________
- Signature: ______________________________________________

### Registrant #1

**Name:**

**Church/Organization:**

- Sr Pastor  □ Assoc Pastor  □ Minister at Compassionate Ministry Center  
- Missionary  □ Educator  □ District Superintendent  □ General Superintendent  
- Other: ___________________________________________________

**Address:**

- City: ____________________  State: ______  ZIP: __________
- Cell Phone: ____________________  Home/Work (circle one) Phone: ____________________
- Email: _______________________________________________

**NTS Class Of (if applicable): _________

### Registrant #2

**Name:**

**Church/Organization:**

- Sr Pastor  □ Assoc Pastor  □ Minister at Compassionate Ministry Center  
- Missionary  □ Educator  □ District Superintendent  □ General Superintendent  
- Other: ___________________________________________________

**Address:**

- City: ____________________  State: ______  ZIP: __________
- Cell Phone: ____________________  Home/Work (circle one) Phone: ____________________
- Email: _______________________________________________

**NTS Class Of (if applicable): _________
REGISTRANT #3

NAME: ____________________________

CHURCH/ORGANIZATION:

POSITION: □ Sr Pastor □ Assoc Pastor □ Minister at Compassionate Ministry Center □ Missionary □ Educator □ District Superintendent □ General Superintendent □ Other: ____________________________

ADDRESS: ____________________________

CITY: ____________________________ STATE: ____________ ZIP: ____________

CELL PHONE: ____________________________ HOME/WORK (circle one) PHONE: ____________________________

EMAIL: ____________________________

NTS CLASS OF (if applicable): ____________

REGISTRANT #4

NAME: ____________________________

CHURCH/ORGANIZATION:

POSITION: □ Sr Pastor □ Assoc Pastor □ Minister at Compassionate Ministry Center □ Missionary □ Educator □ District Superintendent □ General Superintendent □ Other: ____________________________

ADDRESS: ____________________________

CITY: ____________________________ STATE: ____________ ZIP: ____________

CELL PHONE: ____________________________ HOME/WORK (circle one) PHONE: ____________________________

EMAIL: ____________________________

NTS CLASS OF (if applicable): ____________

REGISTRANT #5

NAME: ____________________________

CHURCH/ORGANIZATION:

POSITION: □ Sr Pastor □ Assoc Pastor □ Minister at Compassionate Ministry Center □ Missionary □ Educator □ District Superintendent □ General Superintendent □ Other: ____________________________

ADDRESS: ____________________________

CITY: ____________________________ STATE: ____________ ZIP: ____________

CELL PHONE: ____________________________ HOME/WORK (circle one) PHONE: ____________________________

EMAIL: ____________________________

NTS CLASS OF (if applicable): ____________