

Restoring Marriage & Family in 2014

Hope for Highland Park & America



Monday, November 10, 2014 | 9:00 a.m. – 4 p.m.
Soul Harvest Ministries, 16300 Woodward, Highland Park, MI 48203

CONFERENCE SCHEDULE

Session I—**Divine Plan: Biblical Vision of the Family • Panel Discussion**

Session II—**Black Family in America: Historical Roots • Panel Discussion**

Session III—**Restoration: Childhood to Marriage • Feminine Genius in Family Life • Community Restoration & Mentor Ministry**

Breakout Sessions—**Planning & Implementing Restoration for Highland Park: Reaching Women, Men, & Youth**

FEATURED SPEAKERS

- **Rev. Willie Weston:** Hope National Speaker on Biblical Studies of Marriage & Family, Evangelistic Ministries, Sherwood, IL
- **Rev. Cornelius Clark, Conference MC:** Exec. Director Jacob's House, Gospel Singer, Chicago Area, IL
- **Alice G. Thompson:** CEO Black Family Development, Inc., Detroit, MI
- **Myrtha Grice:** Married 58 years, Detroit businesswoman, teacher, great-grandmother, Harriet Tubman Center, Detroit, MI
- **Kathy LaLonde:** Youth Ministry Leader for Generation Peace Academy, Windsor, Ontario
- **Rev. David Kasbow:** Pastor, Metro Detroit Family Church, Warren; Co-Chair American Clergy Leadership Conference-Michigan
- **Michael T. Ross, MD, FACEP:** President, Defending Our Fathers House; True Medicine, Communication & Consulting, Detroit, MI

*For more information, or to register conveniently online, visit **DOFH.org***

For questions, contact Rev. David Kasbow: email Kasbow@att.net or call (734) 546-4395

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REGISTRATION FORM

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HOW MANY ATTENDEES REGISTERING: _____ **Cost:** \$20 Early Bird | \$30 At the Door *(Includes lunch & refreshments)*

TOTAL AMOUNT ENCLOSED \$ _____ **FOR** _____ **(NUMBER) REGISTRATIONS.**

CONTACT INFORMATION (GUEST ONE)

First Name: _____ **Last Name:** _____

Email Address: _____ **Phone:** _____

CONTACT INFORMATION (GUEST TWO)

First Name: _____ **Last Name:** _____

Email Address: _____ **Phone:** _____

BILLING INFORMATION

Organization: _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Payment: Check _____ MO _____ **Make checks or money orders out to "ACLC"**

Total amount enclosed: \$ _____

Mail this registration form and payment to:

ACLC
22021 Memphis Rd., Warren MI 48091

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