



REGISTRATION FORM

To register for the conference, kindly complete all areas on this registration form and return to the church office, accompanied with the required fee. A payment receipt will be issued for your records. Thank you in advance for attending our 1st Annual Women's Conference!

Title:	Last Name:	First Name:	Middle Initial:
Mailing Address:		Home Number:	
		Cell Number:	
Organization/Church Affiliation:		Email Address:	
Additional Questions: <input type="checkbox"/> I am Saved <input type="checkbox"/> I attend another Church <input type="checkbox"/> I would like to know more about this Church		Other Remark:	

Registration Fee: US\$25.00 Per Person

Important Note:

The Registration Fee is Non-Refundable and covers all conference materials and light refreshments

Signature of Participant

_____/_____/_____
Date (dd/mm/yyyy)

OFFICIAL USE ONLY

Date (DD/MM/YY) ____/____/____ **Receipt #** _____

Payment: Cash Check # _____ **Payment Amount: \$** _____

Authorized Signature: _____