



FAX 2010 Registration Form

OFFICE USE ONLY

PLEASE NOTE: All prices are in U.S. dollars and include applicable taxes. Multiple registrations should be paid with one check or credit card, otherwise seats may not be together. All seating is assigned first come, first served basis. All registrations will be confirmed by mail. Please allow 2 to 3 weeks for your confirmation to arrive. No refunds or transfers will be given for registrations. We strongly recommend that you do not make non-refundable travel arrangements before receiving your confirmation.

STEP 1
TELL US ABOUT
YOURSELF

Church/Organization Name (if applicable) _____

Name _____

Street Address Home Church _____

City _____ State _____ Zip _____

Phone 1 (_____) _____ Phone 2 (_____) _____

E-mail _____

STEP 2
WHAT'S RIGHT FOR YOU?

EVENT CITY _____ DATE _____

2010 WEEKEND EVENT
(INCLUDES: All day Friday event, all day Saturday event and 2 box lunches.)

| | QTY | | TOTAL |
|--------------------------|-------|--------------|----------|
| Group Seating (10+) | _____ | x \$89 USD = | \$ _____ |
| Individual Seating (1-9) | _____ | x \$99 USD = | \$ _____ |

NOW STEP 3 - ANY SPECIAL NEEDS OR SEATING REQUESTS?

Women of Faith is sensitive to the special needs of our attendees. If you or a member of your party has a special seating need (such as difficulty walking or need for sign language interpretation), please detail that need in the space below. One companion seat may be purchased to sit next to each special needs attendee. Seating assignments will be made in the order in which we receive your registration form. Special needs seating is subject to availability. We do not guarantee seating locations.

Assisted Listening Devices may be available on a limited basis at the arena. Assisted Listening Devices may be used anywhere in the arena and do not require a special seat.

NOW STEP 4 - HOW WOULD YOU LIKE TO PAY?

Choose Your Payment Method (DO NOT SEND CASH)
(Payment by Check/Money Order or Credit Card preferred)

Check/Money Order enclosed *(Payable to Women of Faith)*

Credit Card *(Signature required for authorization)*

Women of Faith VISA VISA Discover
 American Express MasterCard

Account Number _____

Expiration Date _____ (Month/Year) Security Code _____

Signature _____

Printed Name _____