



P: 888.49.FAITH (888.493.2484)
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 womenoffaith.com

2012 REGISTRATION AGREEMENT

FOR OFFICE USE ONLY

Source Code _____
 Account # _____
 Date _____
 Qualification Code _____

STEP 1: ABOUT YOU

New Group Leader Experienced Group Leader, # Registrations You Previously Purchased: 10-24 25-49 50-99 100+

Group Leader/Contact Name _____

Mailing Address Home _____
 Church _____

City _____ **ST** _____ **Zip** _____

Home Phone _____ **Secondary Phone** _____

Email _____

Church Name (if applicable) _____ **City** _____ **ST** _____

Co-Leader (50+) _____ **Phone** _____ **Email** _____

STEP 2: REGISTRATION

2012 Event City: _____ **Date:** _____

Women of Faith does not guarantee seating. All seating is assigned on a first come, first served basis. If the desired price level is not available, seats will be assigned by best available at the time of order and price adjustments made as needed. Seat adjustments requiring price increases will not be made without notification. Certain arenas offer special Club Seats which may differ in price.

25+ registrations require a non-refundable deposit and we urge you to follow the payment schedule. Full payment for groups of 25+ are due 10 weeks before the event.

Please check your preference: \$99 Price Level (Center, Front Floor, Ends) \$89 Price Level (Lower Corners, Back Floor, Upper Level)

Registrations _____ x \$99 USD = _____

Registrations _____ x \$89 USD = _____

Free Registrations (1 per 25 paid) _____ Total # Registrations _____ x \$2.00 USD Service Fee = _____

For groups of 25+, a non-refundable deposit of \$10/seat (capped at \$500) is due for seats reserved through this Agreement no later than **(Deposit Due date)** _____
 If a deposit is not received by the Deposit Due date, attempts will be made to contact the Group Leader for payment. If the Group Leader cannot be reached, we reserve the right to reseat or release your group.

1-24 registrations must be paid in full at time of registration.

Please check your preference: \$99 Price Level (Center, Front Floor, Ends) \$89 Price Level (Lower Corners, Back Floor, Upper Level)

Registrations _____ x \$99 USD = _____

Registrations _____ x \$89 USD = _____

Registrations _____ x \$2.00 USD Service Fee = _____

STEP 3: PAYMENT

All prices are in US Dollars and include applicable taxes. Prices are subject to change. Registrations will be confirmed by email. We recommend that you do not make non-refundable travel arrangements before receiving your confirmation. No refunds or transfers will be given for registrations.

Registration Total \$ Connection Member

Service Fee Total \$

TOTAL DUE \$

Mail Payment To:
 Women of Faith
 PO Box 232567
 2567 Momentum Place
 Chicago, IL 60689-5325

Choose Your Payment Method Check/Money Order (Payable to Women of Faith) Check # _____

Women of Faith VISA VISA Discover American Express MasterCard

Payment Amount _____ Paid in Full Deposit

Signature _____ Account Number _____

Printed Name _____ Expiration Date _____ (Month/Year) Security Code _____

You **Must** call in to make future credit card payments. Women of Faith will not automatically charge your credit card for future payments.

STEP 4: SPECIAL NEEDS

Contact Women of Faith as soon as possible with requests as special needs seating is limited and subject to availability. Please list number of special needs seats required; one companion seat may be purchased for each special needs attendee. Assisted listening devices available at arenas.

Wheelchair or Impaired Mobility _____ Sign Interpretation Required _____ Walking Difficulty _____ Se requiere traducción al español _____