

LADIES FALL CONNECTION
Registration
September 19 -20, 2008
Evangel Temple Assembly of God, Columbus, GA

Church Name _____ City _____

Contact Person _____ Day Phone _____

Email _____

Mailing Address _____ City _____

State _____ Zip Code _____

(Fee is non-refundable but transferable to another person for this event.)

SPECIAL GROUP RATES FOR CHARTERED CHURCHES

We invite you to Charter your Women's Ministries group today!
2008 Charter Form Enclosed

Registration must be received in our office by September 10 to receive Quick Pass.



Special GROUP Rates - Chartered Groups

GROUP Registration (20 or more ladies) @ \$25 per person..... _____ = \$ _____

GROUP Registration (10 to 19 ladies) @ \$30 per person..... _____ = \$ _____

GROUP Registration (1 to 9 ladies) @ \$35 per person..... _____ = \$ _____

Number of Registrations (Non-Chartered) @ \$40 per person..... _____ = \$ _____

At-the-door Registration @ \$40 per person..... _____ = \$ _____

Number of Friday or Saturday ONLY @ \$20 per person..... _____ = \$ _____

TOTAL MONEY ENCLOSED: _____

(Person's name & address where quick passes are to be mailed)

Please pick up Connection Booklet at the registration desk or with quick pass. Registration MUST BE postmarked by SEPT 10 to receive QUICK PASS.

Mail to: GA Women's Ministries Department
 P. O. Box 28470
 Macon, GA. 31221-8470

Email or fax to: rochellebrumbalow@gadistag.org
 Fax: (478) 405-5902
 Phone: Toll-free (866) 485-8010
 or (478)405-5901

The following information is needed if payment made with Credit Card

Name on card _____ Amount Charged _____

Card Holder's billing address _____ City _____ State _____

Zip Code _____ Home T/N _____ Cell T/N _____ Fax _____

Circle Card Type: MasterCard Visa Discover American Express Other _____

Account Number _____ Verification Number (back of card) _____

Expiration Date _____ (There will be a 3% surcharge added to your total.)

Approval Signature _____

**REMEMBER: Room reservations to be made directly with hotel.
Hotel listing included. Please note 'Reserve By' date of each hotel.**

1. Name _____ Fri__ Sat__
2. Name _____ Fri__ Sat__
3. Name _____ Fri__ Sat__
4. Name _____ Fri__ Sat__
5. Name _____ Fri__ Sat__
6. Name _____ Fri__ Sat__
7. Name _____ Fri__ Sat__
8. Name _____ Fri__ Sat__
9. Name _____ Fri__ Sat__
10. Name _____ Fri__ Sat__
11. Name _____ Fri__ Sat__
12. Name _____ Fri__ Sat__
13. Name _____ Fri__ Sat__
14. Name _____ Fri__ Sat__

15. Name_____Fri__Sat__

16. Name_____Fri__Sat__

17. Name_____Fri__Sat__

18. Name_____Fri__Sat__

19. Name_____Fri__Sat__

20. Name_____Fri__Sat__

21. Name_____Fri__Sat__

22. Name_____Fri__Sat__

23. Name_____Fri__Sat__

24. Name_____Fri__Sat__

25. Name_____Fri__Sat__

26. Name_____Fri__Sat__

27. Name_____Fri__Sat__

28. Name_____Fri__Sat__

29. Name_____Fri__Sat__

30. Name_____Fri__Sat__

31. Name_____Fri__Sat__

32. Name_____Fri__Sat__

33. Name_____Fri__Sat__

34. Name_____Fri__Sat__

35. Name_____Fri__Sat__