



RESERVATION FORM

Please return this form, along with deposit by July 1st, to complete Step 2

Contact Person: _____	Registration #: _____
Church: _____	Email: _____
Address: _____	
City: _____	ST: _____ Zip: _____
Phone: _____	Alt. Phone: _____

Deposit Calculation

- Conference 1: Sept. 26-28
 Conference 2: Sept. 28-30

We will need accommodations for a total of _____ participants x \$75 each = _____
(Please List Rooming Assignments on the Following Page)

We will need conference tickets only for a total of _____ participants x \$40 each = _____

Total Deposit Needed _____

Payment Information

____ Enclosed is a check to Jubilee Conferences for our Total Deposit from above.

____ Please charge our credit card for our Total Deposit from above.

Credit Card #: _____ **Exp:** _____
(Please No Discover Cards)

By signing below, you acknowledge that you have read and understand the enclosed policies and information (including the cancellation and refund policies) and that you agree to abide by them. You also authorize the above credit card number (if applicable) to be charged for the registration deposits necessary to complete your registration.

Signature _____