

19<sup>th</sup> ANNUAL

# FALL Jubilee

2015

SEPT. 21-23

GATLINBURG CONVENTION CENTER

# RESERVATION FORM

Please return this form, along with your deposit by July 1, 2015, to complete Step 2.

### Return by Mail:

Jubilee Conferences  
P.O. Box 2034  
Woodstock, GA 30188

### Return by Fax:

770-592-8239

Contact Person: \_\_\_\_\_

Registration #: \_\_\_\_\_

Church: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### DEPOSIT CALCULATION

	PARTICIPANTS		TOTAL COST
Accommodations & Conference Tickets	<input type="text"/>	x \$75 each =	<input type="text"/>
Conference Tickets Only	<input type="text"/>	x \$40 each =	<input type="text"/>

### PAYMENT INFORMATION

Enclosed is a check to Jubilee Conferences for our total deposit above.

Please charge our credit card for our total deposit above.

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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 (if applicable) to be charged for the registration deposits necessary to complete your registration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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JUBILEECONFERENCES.COM

OR CALL 800-616-8863