

FALL TO BILLE





RESERVATION FORM

| Please return this form, along with your deposit by July 1, 2016, to complete Step 2. | Contact Person: Registration #: | |
|---|---|--------------------------------------|
| Return by Mail: Jubilee Conferences P.O. Box 2034 Woodstock, GA 30188 | Church: Email: Address: | |
| Return by Fax: 770-592-8239 | City: State: Alternat | |
| DEPOSIT CALCULATION | Accommodations & Conference Tickets Conference Tickets Only | x \$75 each = x \$40 each = |
| 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 #: Date: | |
| (including the cancellation a | wledge that you have read and understand the e nd refund policies) and that you agree to abide b be charged for the registration deposits necessa | y them. You also authorize the above |
| Signature: | | Date: |







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OR CALL 800-616-8863