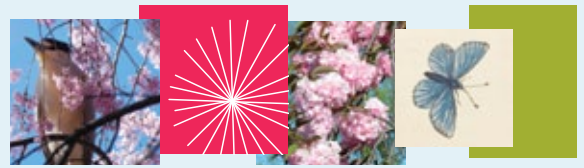


SPRING TIME
Jubilee
 2014



RESERVATION
FORM

Please return this form, along with your deposit by February 15th, to complete Step 2.

Return by Mail:

Jubilee Conferences
 P.O. Box 965293
 Marietta, GA 30066

Return by Fax:

770-592-8239

Contact Person: _____

Registration #: _____

Church: _____

Email: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: _____ **Alternate Phone:** _____

DEPOSIT CALCULATION

- Branson, MO**
(April 14-16)
- Branson, MO**
(April 16-18)
- Myrtle Beach, SC**
(April 28-30)

	PARTICIPANTS		TOTAL COST
Accommodations & Conference Tickets	[]	x \$75 each =	[]
Conference Tickets Only	[]	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 #: _____ **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:** _____