



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 2034
Woodstock, GA 30188

Return by Fax:

770-592-8239

Contact Person: _____

Registration #: _____

Church: _____

Email: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: _____ **Alternate Phone:** _____

DEPOSIT CALCULATION

| | | | | |
|--|--|----------------------|------------------|----------------------|
| <input type="checkbox"/> Branson, MO (April 13-15) | Accommodations & Conference Tickets | PARTICIPANTS | x \$75 each = | TOTAL COST |
| <input type="checkbox"/> Branson, MO (April 15-17) | | <input type="text"/> | | <input type="text"/> |
| <input type="checkbox"/> Myrtle Beach, SC (April 27-29) | 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:** _____