STEP TWO FORMS RESERVATION

Contact Person: Please return this form. along with your deposit Registration #: by July 1, 2024, to complete Step 2. **Return by Mail:** Email: _____ Jubilee Conferences P.O. Box 2034 Address: ____ Woodstock, GA 30188 City: **Return by Fax:** 770-592-8239 State: Zip: Alternate Phone: Phone: PARTICIPANTS TOTAL COST **DEPOSIT Accommodations & Conference Deposit** x \$75 each = CALCULATION **Conference Only Deposit** x \$40 each = Enclosed is a check to Jubilee Conferences for our total deposit above. **PAYMENT** INFORMATION Please charge our credit card for our total deposit above. Credit Card #: Exp. Date: CVV Code: 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:



STEP TWO FORMS ROOMING LIST

Registration Number:	ROOM			
	#			
Okamaka	Ĩ	GUEST #1	GUEST #2	
Church:				
		GUEST #3	GUEST #4	
	ROOM			
Contact:	#			
		GUEST #1	GUEST #2	
Deaming Lists		GUEST #3		
Rooming List:	ROOM			
OF	#			
Room Type:		GUEST #1	GUEST #2	
Premium Room		GUEST #3	GUEST #4	
Standard Room	ROOM			
Print additional copies as	#			
needed. Keep a copy for your		GUEST #1	GUEST #2	
files. Your registration number				
is required for accurate room assignments.		GUEST #3	GUEST #4	
	ROOM			
Mail or Fax with deposit	#			
& release form to:		GUEST #1	GUEST #2	
Return by Mail:				
Jubilee Conferences	ROOM	GUEST #3	GUEST #4	
P.O. Box 2034	!. I			
Woodstock, GA 30188	#			
Return by Fax:		GUEST #1	GUEST #2	
770-592-8239				
		GUEST #3	GUEST #4	

