

FOR CONFERENCE ITINERARY AND LINEUP, VISIT OR CALL: JUBILEECONFERENCES.COM • 1-800-616-8863

Please return this form,	Contact Person:				
along with your deposit by February 15th, to	Registration #:				
complete Step 2. Return by Mail:	Church:				
Jubilee Conferences P.O. Box 2034 Woodstock, GA 30188	Email:Address:				
Return by Fax: 770-592-8239	City:				
	State: Zip: Phone: Alternate Phone:				
DEPOSIT CALCULATION	Accommodations & Conference Deposit	PARTICIPANTS	x \$75 each =	TOTAL COST	
	Conference Only Deposit		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:	CVV	Code:	
(including the cancellation a	owledge that you have read and understand the en and refund policies) and that you agree to abide by to be charged for the registration deposits necessar	them. You als	so authorize th	ne above	
Signature:		Date:			
Please note that a 3.9% conv	enience charge will be applied to all credit card transac	tions paid onlin	ne, by phone, o	r in person.	





FOR CONFERENCE ITINERARY AND LINEUP, VISIT OR CALL: JUBILEECONFERENCES.COM • 1-800-616-8863

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