



REGISTRATION FORM

Deliverance Conference 2009

Sixth Episcopal District
The African Methodist Episcopal Church

October 29-31 2009

Turner Cathedral ~ Marietta, Georgia
492 North Marietta Parkway – Marietta, Georgia 30060

REGISTRATION and PAYMENT INFORMATION – One Form Per Person, Please

NAME of REGISTRANT (for the Badge): _____

CONFERENCE: _____

DAY PHONE: _____ EVENING PHONE: _____

STREET ADDRESS: _____

CITY: _____

STATE/REGION: _____

POSTAL/ZIP CODE: _____ COUNTRY: _____

E-MAIL: _____

Registration Fee: \$50.00

Onsite Registration Fee: \$75.00

Late Registration Fee: \$60.00 (After October 1, 2009)

Check (<i>Deliverance Now, Inc.</i>) or Money Order	
Amount Enclosed:	\$ _____
Charge Card	
Card Type for Mail-in: (on-line payment also accepts Amex, Discover, Pay Pal)	<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA
Cardholder Name	_____
Cardholder Phone Number	_____
Cardholder e-mail	_____
Credit Card Number	_____
Expiration Date	_____
CVC Numbers (3 #s on back of card)	_____
Signature	_____

Mail your check or credit card information and this form to:
 The Sixth Episcopal District Headquarters
 2900 Chamblee-Tucker Road, Building Three, Atlanta, GA 30341
 Office 770-220-1770 Fax 770-220-9996
 Attn: 2009 Women's Deliverance Conference
www.deliverancenow.org

Copy this completed form for your records. Contact Marilyn Norfleet at mnorfleet@hotmail.com if you do not receive an e-mail confirmation within 30 days.