

MARKETING YOUR CHURCH FOR GROWTH CONFERENCE 2007

NOVEMBER 6 - 9, 2007

Title: _____ Name: _____

Address: _____

City, State and Zip Code: _____

Phone Number(s): _____

E-mail Address: _____

Church Name: _____

Pastor's Name: _____

Church Address: _____

City, State and Zip Code: _____

Church Phone Number: _____

Church Website: _____

Church E-mail Address: _____

of Delegates: X \$39.99 = _____

Group Rate for 5 or more Delegates is \$34.99 (per person) until October 6, 2007.

of Delegates: X \$49.99 = _____

Group Rate for 5 or more Delegates is \$44.99 (per person) after October 6, 2007.

Total Cost: _____

All fees are non-refundable.

For group registration please complete a form for each delegate.

Copies are accepted.

Method of Payment (Circle One)

Cash Check Visa MC AMEX DISC

Make Checks Payable to Gary Hawkins Ministries.

Credit Card Number Billing Zip Code

Sec. Code Expiration Date Cardholder's Signature

Four Ways to Register

By Mail: P. O. Box 870989 Stone Mountain, GA 30087

By Phone: 770.498.5850 or 800.821.6156

Online: www.voicesfaith.org

Fax: 770.498.1566

REGISTRATION FORM