



GARY HAWKINS MINISTRIES

Marketing Your Church for Growth Conference

Registration Form

Name _____

Address _____

Phone Number _____

Fax Number _____

E-mail Address _____

Church Name _____

Pastor's Name _____

Church Address _____

Church Phone Number _____

Church Fax Number _____

Church E-mail Address _____

Registration Fees

of Adult Delegates: _____ X \$39.99 = _____

Group Rate of 5 or more \$34.99 until September 29, 2006.

of Adult Delegates: _____ X \$49.99 = _____

Group Rate of 5 or more \$44.99 after September 29, 2006.

of Youth Delegates: _____ X \$19.99 = _____

Ages 12 - 18 only. Group Rate of 5 or more \$14.99

Total Cost: _____

All Fees are Per Person and Non-Refundable.

For group registration please complete a form for each delegate. Copies are accepted.
Please call to pre-pay for lunch.

Method of Payment (Circle One)

Cash / Check by Phone / # _____ 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