

Women's Wellness Conference 2017
 October 5th – 7th, 2017
 Mandalay Beach Resorts
 Embassy Suites by Hilton

CONFERENCE REGISTRATION FORM

Please fill out the form completely and return to the church office. If the form is incomplete, your registration will be delayed. Additional registration forms are available in the church office.

Payment options: Credit Card Payment / Checks payable to Judson Baptist Church

Registration Contact: 310-834-2630

Email: wws.judsonbaptistchurch@gmail.com

TITLE:	NAME:	
ADDRESS:		
CELL PHONE:	EMAIL:	
CHURCH HOME:		
EMERGENCY CONTACT:		
Name:	Relationship:	Phone:

REGISTRATION COSTS

FULL CONFERENCE REGISTRATION	Cost
Early Bird Registration: \$275 per person (Dec.4 – Mar. 5, 2017) Registration: \$300 (Mar. 6 – Jul. 2) Late Registration: \$325 (Jul. 3 – Sept. 1)	
<i>Included in your registration fee: All meals, Parking, Gift bag</i>	
IF YOU INCLUDED A FRIEND IN YOUR REGISTRATION, PLEASE ENTER HER NAME BELOW:	

HOTEL ROOM RESERVATIONS AND COST

KING ROOM - \$199 per night (2 persons) DOUBLE - \$229 per night (4 Persons) *Hotel reservations will be made separately through the Mandalay Beach Resort website at http://group.embassysuites.com/Judson-Baptist-Church *Group Code: JUD *HOTEL REGISTRATION DEADLINE – September 5, 2017 *Please provide us with or staple a copy of your hotel reservation confirmation to this registration form
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Total Payment Due & Method: 	CASH	Check*	Credit Card
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*Make checks payable to Judson Baptist Church – Payment is for **CONFERENCE REGISTRATION ONLY**

TRANSPORT:		
The church will offer transportation for the first 24 individuals requesting.	DATE	October 5, 2017
	TIME	12PM

For office use only:

Payment Plan: Yes / No

Transportation: Yes / No

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PAYMENT PLAN AGREEMENT

I, _____, agree to remit the following payments* to Judson Baptist Church for the Women's Wellness Conference by September 1, 2017

	Amount	Payment Date	Check # / Card Authorization
Pmt. 1			
Pmt. 2			
Pmt. 3			
Pmt. 4			
Pmt. 5			

*the payment plan agreement is interest free of billing charges

Method of Payment:

_____ Personal Check(s)

_____ Credit Card (check one):

_____ Visa

_____ MasterCard

Credit Card Number: _____ Expiration Date: _____

I authorize Judson Baptist Church to keep my signature on file and to charge my payments to the credit card selected above.

 Signature of Responsible Party / Cardholder Date

 Print Name of Responsible Party / Cardholder

 Address City State Zip

 Phone Number

For office use only: Payment Plan: Yes / No Transportation: Yes / No