

avored

WOMEN



RESERVATION FORM

Please return this form, along with your deposit by July 15th, 2019, to complete Step 2.

Return by Mail:

Favored Women
P.O. Box 2034
Woodstock, GA 30188

Return by Fax:

770-592-8239

Contact Person: _____

Registration #: _____

Church: _____

Email: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

DEPOSIT CALCULATION

	PARTICIPANTS		TOTAL COST
Accommodations & Conference Tickets	<input type="text"/>	x \$75 each =	<input type="text"/>
Conference Tickets Only	<input type="text"/>	x \$40 each =	<input type="text"/>

PAYMENT INFORMATION

Enclosed is a check to Favored Women for our total deposit above.

Please charge our credit card for our total deposit above.

Credit Card #: _____ Exp. Date: _____

By signing below, you acknowledge that you have read and understand the enclosed policies and information (including the cancellation and refund policies) and that you agree to abide by them. You also authorize the above credit card (if applicable) to be charged for the registration deposits necessary to complete your registration.

Signature: _____ Date: _____

September 27-29

GATLINBURG
CONVENTION CENTER



FAVOREDWOMEN.COM

@FAVOREDWOMEN