FAITH ENRICHMENT CONFERENCE REGISTRATION FORM

PLEASE read the registration brochure before completing this form.

<u>Each adult attending the conference should complete a separate registration form.</u>

Complete both sides of this form and return to Savannah Presbytery c/o Wilmington Island Presbyterian Church, 450 N Cromwell Road, Savannah Ga 31410. For questions, call 1-800-616-3671.

Clearly PRINT your first and last name as you would like it to appear on your conference badge

First Name	e (as you would li	ke it to appear on you	ır badge)	Last Name		
Mailing Ac	ddress					
Cit	City		State		Zip	
Phone #			Email			
Church Na	me					
The state of the s	d second choice f	or each session by wr workshop numbers li			er in the	
Workshop		1st	Choice	2nd Choice	Will not attend	
Workshop 1A – 6A	A Friday Evening –	8:00 - 9:00 p.m		4114		
Workshop 7B – 12	B Saturday Morni	ng – 8:15-9:15 a.m				
	e choosing a doubl	le, please arrange for			ll name, they mus	
pecial Hotel Needs ((Handicapped, etc e elevators in all r	Control of the Contro			-	

Don't forget that payment is required IN FULL with your COMPLETED registration form to meet the registration deadlines!

Because payment must be received with registration, please do not fax or email registration forms.

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4) KIDS CAMP REGISTRATION:

Please complete the following information for each child attending between the ages of six months through 5th grade. If you are coming with a second adult, do not duplicate this information on their registration form.

Total No. of Children/Youth Attending

Child's Full Name	Birthdate	Grade/Age
Child's Full Name	Birthdate	Grade/Age
Child's Full Name	Birthdate	Grade/Age

5) CONFERENCE FEES

Please mark the fees according to the deadline met. Each adult in each room will pay the listed amount. For example, if two people are sharing a double, registering by January 2nd their combined cost will be \$390. Call if you have a question. 1-800-616-3671

Select Your Conference Accommodation	Pay & Register by Jan 1 st	Pay & Register between Jan 2 nd -15 th	Between January 16th & 26th	Amount Paid
Commuter Fee	\$100	\$130	\$150	\$
Double Rate per adult in room. You MUST specify a roommate on previous page.	\$160/person	\$195/person	\$220/person	\$
Single Room Rate (one adult)	\$210	\$245	\$270	\$
Kid's Camp (per child)	\$40	\$40	\$40	\$
I'd like to stay in Robertson Inn for an additional fee of:	\$30/room**	Not Available	Not Available	\$
Total Fee:				

** limited availability – first come, first served by registration date

Thanks for your registration! We look forward to seeing you at Epworth!