



Stamford Marriott and Spa
October 11-13, 2024

REGISTRATION FORM

Please use this form for all registrations.

Name of Local Church: _____

Group Leader/Contact Name: _____

(This is the person who will receive all registration correspondence and confirmations.)

Mailing Address: _____

Telephone #: _____

Email Address: _____

Total Number of Delegates Registering with this Form: _____

Conference Deposits/Fees Paid with this Form: \$ _____

Bus Fees Paid with this Form: \$ _____

T-Shirts Ordered with the form: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

Total T-Shirts Costs: \$ _____

TOTAL AMOUNT INCLUDED WITH THIS FORM: \$ _____

To receive this rate, a \$100.00 deposit (per person) must be received into the State Office by July 12, 2024 & balance must be paid in full by September 13, 2024.	
Four per Room: 2 Beds	\$370.00
Three per Room: 2 Beds	\$395.00
Two per Room:	\$425.00
Single Room	\$555.00
T-Shirt Costs: Small, Med., Large, XL, 2XL & 3XL	\$15.00
Parking Pass <small>(Includes Friday + Saturday)</small>	\$20.00
Room type is first come first served basis only	

PLEASE INDICATE THE AMOUNT OF PARKING PASS NEEDED: _____ **(1 pass per car)**

METHOD OF PAYMENT

Check # _____ Cash _____

CC _____ Expiration _____ CW _____ (3/4 digits on back)

Checks must be made payable to: Church of God

If paying by Credit Cards, an additional 3% fee will apply

Please refer to FACT SHEET for complete details regarding conference fees and deposits. A minimum deposit of **\$100.00 per person must accompany this registration form**. To receive *“early bird”* discount, registration and deposit must be received into the State Office by **July 12, 2024** and balance paid in full by **September 13 2024**.

Mail completed registration form along with deposits for all registrants to:

New York Church of God, Women’s Discipleship Department, 1 Hemlock Drive, Farmingdale, NY 11735

Tel: 516/694-5570 x11/12

Email: nywd@nycog.net

Website: www.nycog.net

- PLEASE PRINT -

(If you are registering more than six (6) rooms, please copy this page to register additional rooms.)

ROOM #____	Last Name	First Name	Phone Number	Column 1 Deposit	Column 2 Total Conference Fee	Column 3 Balance Due (Balance Due minus Deposit)
1.						
2.						
3.						
4.						
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