

Stamford Marriott and Spa

October 10-12, 2025

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:	To receive this rate, a \$100.00 deposit (per person) must be received into the State Office by June 13th, 2025 & balance must be paid in full by September 12, 2025.		
Telephone #:	Four per Room: 2	\$370.00	
Email Address:	Beds Three per Room: 2	\$395.00	
Total Number of Delegates Registering with this Form:	Beds	φυ νυ ιστ	
Conference Deposits/Fees Paid with this Form: \$	Two per Room:	\$425.00	
T-Shirts Ordered with the form: SMLXL2XL3XL	Single Room	\$575.00	
Total T-Shirts Costs: \$	T-Shirt	\$15.00	
TOTAL AMOUNT INCLUDED WITH THIS FORM: \$			
METHOD OF PAYMENT			
☐ Check # ☐ Cash			
□ CC Exp CVV E	Billing Zip Code		
Checks <u>must be</u> made payable to: Church of God			

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. Balance must be paid in full by September 12, 2025.

Mail completed registration form along with deposits and bus fees 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 Fax: 516-454-9085 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.)

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ROOM	Last Name	First Name	Phone Number	Column 1	Column 2	Column 3
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