

2017 FCM FIVE-FOLD MINISTRY, BELIEVERS AND YOUTH CONFERENCE  
**July 19-22, 2017**

The following hotel is offering a special rate so please let them know you are part of the **Faith Covenant Ministries** conference:

Hotel ML  
 915 Route 73  
 Mt. Laurel, NJ 08054  
 (856) 234-7300  
 Single/Double \$99.00

For reservations, guests can call the hotel at (856) 234-7300 and ask for the "Faith Covenant Ministries" rate.

Or you can Book on-line <http://bookings.ihotelier.com/bookings.jsp?groupID=1481387&hotelID=75547>

The **cut-off date is June 19th** so call for reservations as soon as possible.

**SPECIAL DISCOUNT if you register by April 1<sup>st</sup> of 15% deducted from total.**

The cost of the conference is \$139.00 per person, \$174.00 per couple if registered prior to June 1<sup>st</sup>. After June 1<sup>st</sup>, cost is \$164.00 per person, \$199.00 per couple. One-day registration will be half of the cost. Two or more days will be full price. Youth (12 and older) is \$79.00 per person. For those who participate in serving, the cost is \$104.00 per person, \$134.00 per couple (if both serving) before June 1<sup>st</sup>, or \$119.00 per person or \$149.00 per couple (if both serving) after that date. For those serving in nursery and children's ministry, the cost is \$94.00 per person, \$119.00 per couple before June 1<sup>st</sup>, or \$104.00 per person and \$129.00 per couple after that date. At the door, cost will be \$189.00 per person, \$239.00 per couple. Fill in the registration form and return it, with the fee to: Faith Covenant Ministries, 24 Whalen Avenue, Sicklerville, NJ 08081. Evening services are free and open to the public.

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 Registration

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What church do you attend? \_\_\_\_\_

Name of other people attending (In the case of youth, please include age; for children, please include age, allergies.

Name _____	Age _____	Allergies and/or Special Requirements* _____
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\*If special diet, please bring food for your child in a bag and/or containers marked with child's name.

Number registered _____	Singles @ _____ = _____
_____	Couples @ _____ = _____
_____	Youth @ \$79.00 = _____
	TOTAL _____

**If registering before April 1<sup>st</sup>, subtract 15% off total**

SUB TOTAL \_\_\_\_\_

FREE BANQUET AND REWARDS DINNER for up to two (2) in each room.

Must stay three nights at the hotel.

How many people will be coming to the banquet? \_\_\_\_\_.

How many will be paid? \_\_\_\_\_

Adult (age 12 and up) \_\_\_\_\_ x \$30.00 = \_\_\_\_\_

Children (ages 3 to 11 \_\_\_\_\_ x 15.00 = \_\_\_\_\_

Children ages 0-3 and under free \_\_\_\_\_

SUBTOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

If serving, please list the area(s) and time(s) you are serving: \_\_\_\_\_

Make checks payable to "FCM" or pay by credit card AX \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_ Signature \_\_\_\_\_

You may fax the form in if you are using a credit card. Fill out information and fax to: 856-401-1233.