

2020 FCM FIVE-FOLD MINISTRY AND BELIEVERS CONFERENCE
July 22-25, 2020

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

Holiday Inn Cherry Hill
2175 Marlton Pike W. (Rt. 70)
Cherry Hill, NJ 08022
(856) 663-5300
Single/Double \$109.00

For reservations, guests can call the hotel at (877) 213-6799 and ask for the "Faith Covenant Ministries" rate.
The **cut-off date is June 24th** so call for reservations as soon as possible.

SPECIAL DISCOUNT if you register by May 1st of 15% deducted from total.

The cost of the conference is \$139.00 per person, \$174.00 per couple if registered prior to June 1st. After June 1st, 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 1st, or \$119.00 per person or \$149.00 per couple (if both serving) 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.

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*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*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 May 1st, subtract 15% off total

_____ SUB 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 _____ Zip 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.