

2022 FCM FIVE-FOLD MINISTRY AND BELIEVERS CONFERENCE
July 20-23, 2022

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 Rd.

Cherry Hill, NJ 08002

(856) 663-5300

Executive Double or Executive King **\$119.00**

For reservations, guests can call **(856) 663-5300** and ask for the "Faith Covenant Ministries" rate. Or you can Book on-

line. <https://www.holidayinn.com/redirect?path=hd&brandCode=HI&localeCode=en®ionCode=1&hotelCode=CHHNJ&PMID=99801505&GPC=FCM&cn=no&viewfullsite=true> OR

<https://www.holidayinn.com/redirect?path=hd&brandCode=HI&localeCode=en®ionCode=1&hotelCode=CHHNJ&PMID=99801505&GPC=FCM&cn=no&viewfullsite=true>

The **cut-off date is June 20th** so call for reservations as soon as possible.

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

The cost of the conference is \$129.00 per person, \$154.00 per couple if registered prior to June 1st. After June 1st, cost is \$154.00 per person, \$179.00 per couple. One-day registration will be half of the cost. Two or more days will be full price. Youth (12 and older) is \$69.00 per person. For those who participate in serving, the cost is \$94.00 per person, \$114.00 per couple (if both serving) before June 1st, or \$109.00 per person or \$129.00 per couple (if both serving) after that date. At the door, cost will be \$179.00 per person, \$219.00 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number registered _____ Singles @ _____ = _____

_____ Couples @ _____ = _____

_____ Youth @ \$69.00 = _____

TOTAL _____

If registering before April 1st, subtract 15% off total _____

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.