2024 FCM FIVE-FOLD MINISTRY AND BELIEVERS CONFERENCE

**July 17-20, 2024**

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 $109.00

For reservations, guests can call (877) 213-6799  and ask for the “Faith Covenant Ministries” rate

The **cut-off date is June 16th** so call for reservations as soon as possible.

**SPECIAL 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**.**

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Registration

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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.