

PHONE NUMBER (863) 683-5726 Ext 232

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MAILING ADDRESS

PFDC Women's Ministries Dept. **THRIVE**

1437 East Memorial Blvd. Lakeland, FL 33801

EMAIL: women@penflorida.org

REGISTRATION FOR

Please fill out both pages of this form and return this entire form to the address or fax number above.

	☐ Early Registration	_	Registration X \$75.00 each = \$						_	
	☐ General Registration: Postmarked by September 8, 2020:				Registration X \$85.00 each = \$					
	☐ Walk-In Registra	Walk-In Registration: After September 8, 2020:			Registration X \$95.00 each = \$					
I TH	HRIVE T-SHIRT:	Shirts X \$20.00 each = \$	Sizes	21	M L		XL _	XXL	3XL	4XL
		AT NO CHANGES CAN BE M THE HOST HOTEL ARE LIMITED SELECT NUMB	AND ARE	ON TH	IE FIRST F	PAID, F			,	.020.
	Our standard housing for this conference will be the standard double queen suites, priced at \$127 per night, at the Daytona Beach Hilton Resort									
	Standard Qu	een (sleeps up to 4):	_ Rooms X	\$127 pe	er room X	C 2 Nig	ghts = \$			
	Add the total amount of REGISTRATION DUE from above + the TOTAL amount from ROOMS here: \$									
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confirmation will be emailed back. Please have all email confirmations present with you at time of check-in.

REGISTRATION / ROOMING LIST

A rooming list is required by the hotel to book hotel rooms. Please submit a rooming list with your registration. Final rooming list is due to the PFDC Women's Ministries Dept by Monday, September 8, 2020. **PLEASE NOTE THAT NO CHANGES CAN BE MADE TO THE ROOMING LIST AFTER SEPTEMBER 8, 2020**. To book more than 6 rooms, please duplicate this page and submit with payment information on page one.

CONTACT INFORMATION - REQUIRED

All pre-conference information will be sent to the information provided here. Information will be sent via e-mail. Please ensure that contact information is correct and legible when submitting for registration.

Church Name: _____ Church City: _____

Group Contact's Name: _____ Phone: (_____)____

E-Mail:	Preferred Mailing Add	ress:		· · · · · · · · · · · · · · · · · · ·						
Apt/Unit:	_ City:		State:	Zip:						
Are you the Women's Mini	stries Leader for the church listed at	oove? 🗆 YES 🗖	NO							
Please designate next to the registrant's name if they are a teen (T)[14-18], young adult (YA)[19-29], 1000 Sister (S), or if they need deaf interpretation (D) or Spanish translation (SP).										
Ro	om #I		Room #	22						
1)		I)								
2)		2)								
3)		3)								
4)		4)								
Ro	om #3		Room #	44						
l)		l)								
2)		2)								
3)		3)								
4)		4)								
Ro	om #5		Room #	26						
1)		l)								
2)		2)								
3)		3)								
4)		4)								
Registration Only (No hotel)										
Name:		lame:								
Name:		lame:								