



PHONE NUMBER
(863) 683-5726 Ext 232

FAX NUMBER
(863) 683-9602

WEBSITE:
PFWOMEN.com

MAILING ADDRESS
PFDC Women's Ministries Dept.
THRIVE
1437 East Memorial Blvd.
Lakeland, FL 33801

EMAIL: women@penflorida.org

REGISTRATION FORM

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

SELECT REGISTRATION BELOW:

If you are purchasing registration only, please provide a list of registrants' names on page 2 of this form.

- Early Registration:** Postmarked by August 9, 2026: _____ Registration X \$85.00 each = \$ _____
- General Registration:** Postmarked by September 26, 2026: _____ Registration X \$95.00 each = \$ _____
- Walk-In Registration:** After September 26, 2026: _____ Registration X \$110.00 each = \$ _____
- THRIVE T-SHIRT (available through 09.06.26):** _____ Shirts X \$20.00 each = \$ _____

Sizes ___ S ___ M ___ L ___ XL ___ XXL ___ 3XL

PLEASE NOTE THAT NO CHANGES CAN BE MADE TO THE ROOMING LIST AFTER SEPTEMBER 8, 2025.
ROOMS AT THE HOST HOTEL ARE LIMITED AND ARE ON THE FIRST PAID, FIRST RESERVED BASIS.

SELECT NUMBER OF ROOMS BELOW:

Our standard housing for this conference will be the standard double queen suites, priced at
\$149 per night, at the Daytona Beach Hilton Resort

Standard Queen (sleeps up to 4) : _____ Rooms X \$298 per room = \$ _____

Extra night @ \$149 each night **Wed** **Sat** \$ _____

Add the total amount of REGISTRATION DUE from above + the TOTAL amount from ROOMS here: \$ _____

Hotel Registration due to the Women's Ministries Dept postmarked by August 30, 2026.
All registration-only (no hotel) due by September 26.

Registration will not be processed without payment.
All payments for registration and lodging are NON-REFUNDABLE. NO EXCEPTIONS.
Payments may be transferred to another registrant for the same event in the same year.

Return this entire form by mail or fax.

2026 THRIVE PAYMENT INFORMATION: Amount (from above): \$ _____

Church Name: _____ Church City: _____

CHECK (# _____) Please make all checks out to **PFDC**. Once payment is processed an email confirmation will be emailed back. Please make have all email confirmations present with you at time of check-in.

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

E-Mail: _____

Would you like to pay with a credit card online? Yes - Amount \$ _____

We will email an invoice to the above Group Contact's name with a link to pay online. Once payment is processed an email 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 Sunday, August 30, 2026. **PLEASE NOTE THAT NO CHANGES CAN BE MADE TO THE ROOMING LIST AFTER SEPTEMBER 6, 2026.**

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 Address: _____

Apt/Unit: _____ City: _____ State: _____ Zip: _____

Are you the Women's Ministries Leader for the church listed above? 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 Spanish translation (SP).

Room #1
1) _____
2) _____
3) _____
4) _____

Room #2
1) _____
2) _____
3) _____
4) _____

Room #3
1) _____
2) _____
3) _____
4) _____

Room #4
1) _____
2) _____
3) _____
4) _____

Room #5
1) _____
2) _____
3) _____
4) _____

Room #6
1) _____
2) _____
3) _____
4) _____

Registration Only (No hotel)

Name: _____ Name: _____

Name: _____ Name: _____