



| Please return this form, | Contact Person: | | | |
|---|--|---------------|------------|--|
| along with your deposit by July 15th, 2024, to complete Step 2. | Registration #: | | | |
| complete Step 2. | Church: | | | |
| Return by Mail: | | | | |
| Favored Women | Email: | | | |
| P.O. Box 2034 Woodstock, GA 30188 | Address: | | | |
| Return by Fax: | City: | | | |
| 770-592-8239 | State: Zip: | | | |
| | Phone: Alternate | e Phone: | | |
| DEPOSIT | | PARTICIPANTS | TOTAL COST | |
| CALCULATION | Accommodations & Conference Deposit | x \$75 each = | • | |
| | Conference Only Deposit | x \$40 each = | • | |
| PAYMENT | Enclosed is a check to Favored Women for our total deposit above. | | | |
| INFORMATION | Please charge our credit card for our total deposit above. | | | |
| | Credit Card #: | Exp. Date: CV | V Code: | |
| | | | | |

By signing below, you acknowledge that you have read and understand the enclosed policies and information (including the cancellation and refund policies) and that you agree to abide by them. You also authorize the above credit card (if applicable) to be charged for the registration deposits necessary to complete your registration.

| Signature: | | Date: | |
|------------|---|----------------------------------|--|
| | September 20-22 GATLINBURG CONVENTION CENTER | FAVOREDWOMEN.COM 800-616-8863 | |
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