

## 2018 Canada National Conference

## 25<sup>th</sup> Anniversary **CFCFFL CONFERENCE REGISTRATION FORM** June 8-9, 2018 at Global Kingdom Ministries Sanctuary, 1250 Markham Rd, Scarborough, ON M1H 2Y9 First Name: Last Name: Nickname: Spouse: Nickname: Contact No: Chapter/Area: e-Mail Address: Ministry: □CFL □SvFL □HFL T-Shirt Size: $\square$ 3XL $\square$ 2XL $\Box XL$ $\Box \mathbf{L}$ $\square M$ $\Box s$ Special Needs/ Diet Restriction: (Please specify name and details including your children) Emergency Contact Name: Telephone: Health Insurance No: CONFERENCE FEE - \$110 per person (includes all meals, drinks, t-shirt, souvenir program, conference materials, commemorative pin and a sumptuous dinner during the fellowship night). FELLOWSHIP NIGHT – formal buffet dinner, presentations and dancing on June 9<sup>th</sup> at Chandni Grand Banquet Hall, 3895 McNicoll Ave, Scarborough, ON. Please make cheque(s) payable to CFCFFL and forward them together with your registration form to your Chapter Servant, who will in turn forward all forms and payments to the Conference Registration Coordinators. Thank You. OUT-OF-TOWN DELEGATES: Please check one of the boxes below for accommodation and/or transportation requirements. ☐ Need Hosting, please check the date/s for accommodation Please check the date/s for airport/bus station pickup/drop-off ☐ June 8 ☐ June 9 ☐ **June 10** ☐ June 9 ☐ **June 10** ☐ June 8 Travel Information: ☐ By Bus ☐ By Air Flight No: ETA: Date Time: **Bus Station:** Flight No: ETD: Date Time: Note: For delegates coming from outside Toronto, please give your complete and detailed travel information once available to your respective Area Servants so that appropriate arrangements can be made with the Conference Registration Coordinators. Children's fee is \$20.00 per child, ages 8 to 12 yrs old, \$15.00 for children 7 No. of Persons: Conference fee: \$ yrs old & under. One child is free for couples w/ more than 2 kids. No. of Children: Children's Meal: \$ Waiver: The conference organizers will provide utmost care for the children in (attending) the designated premises. Upon registration, the parent(s) release the Total Amt Due: \$ organizers from any liabilities for their children. Child Name Age Allergies/Special Needs Health Insurance No. Amount Paid: (Attending) **Amount Balance: \$** Received by: **Date Received: PAYMENT INFORMATION:** To be filled up by the Conference Registration Committee Mode: Cash Amount: □ CHQ Name on Chq (if different from Participant): Date (yyyy-mm-dd) Amount Bank No Remarks: Received By Conf. Finance Coordinator: Date: