

# DESTINED FOR GREATNESS

## 1 PETER 2:9

### 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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Nickname: \_\_\_\_\_

Chapter/Area: \_\_\_\_\_ Contact No: \_\_\_\_\_ e-Mail Address: \_\_\_\_\_

Ministry:  CFL  SvFL  HFL T-Shirt Size:  3XL  2XL  XL  L  M  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  
 June 8  June 9  June 10

Please check the date/s for airport/bus station pickup/drop-off  
 June 8  June 9  June 10

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 yrs old & under. **One child is free** for couples w/ more than 2 kids.  
**Waiver:** The conference organizers will provide utmost care for the children in the designated premises. Upon registration, the parent(s) release the organizers from any liabilities for their children.

|                        |  |  |     |                         |                      |                     |
|------------------------|--|--|-----|-------------------------|----------------------|---------------------|
| Child Name (Attending) |  |  | Age | Allergies/Special Needs | Health Insurance No. | Conference fee: \$  |
|                        |  |  |     |                         |                      | Children's Meal: \$ |
|                        |  |  |     |                         |                      | Total Amt Due: \$   |
|                        |  |  |     |                         |                      | Amount Paid: \$     |
|                        |  |  |     |                         |                      | 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): \_\_\_\_\_

| Bank | No | Date (yyyy-mm-dd) | Amount |
|------|----|-------------------|--------|
|      |    |                   | \$     |
|      |    |                   | \$     |

Remarks: \_\_\_\_\_

Received By Conf. Finance Coordinator: \_\_\_\_\_  
 Date: \_\_\_\_\_