



Empowerment Conference Registration Form

Jacksonville, NC • August 16-17, 2018
Hilton Garden Inn

How to Register:

1. **Download and complete fillable PDF**
2. **Mail to:** Abundant Life Community Outreach • 1518 Gum Branch Road, Jacksonville, NC 28540

Registration Information						
First Name:	MI:	Last Name:				
Organization Name:	Title:					
Address:						
City:	State:	ZIP:				
Cell:	Email:					
Conference Pricing						
<i>For more information visit www.mbsweekend.org Questions: 910-346-2346 or email us at mbsweekend@gmail.com</i>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Individual Registration</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> \$99</td> </tr> <tr> <td style="padding: 2px;">Group Registration Purchase 10 and SAVE!</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> \$890</td> </tr> </table>	Individual Registration	<input type="checkbox"/> \$99	Group Registration Purchase 10 and SAVE!	<input type="checkbox"/> \$890
Individual Registration	<input type="checkbox"/> \$99					
Group Registration Purchase 10 and SAVE!	<input type="checkbox"/> \$890					
Provide name of each additional group member						
Guest #1	Guest #6					
Email:	Email:					
Guest #2	Guest #7					
Email:	Email:					
Guest #3	Guest #8					
Email:	Email:					
Guest #4	Guest #9					
Email:	Email:					
Guest #5	Thank you for your support!					
Email:						
Payment Information: Total Amount must accompany registration form.						
My check for \$_____ is enclosed. (Make payable to ALCO)	Charge my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX					
Credit Card#	Exp: /	Security Code:				
Credit Card Billing Address if different from above:						
City:	State	Zip				
Cardholder Signature:	Date:					



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