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NATIONAL BLACK NAZARENE CONFERENCE ATLANTA, GA – JULY 5 – 8, 2012

Registration Form

PLEASE PRINT

Main Contact:

Church Name:

Mailing Address:

E-Mail Address:

Home Number:

Cell Number:

Fax:

Total Number in Group Registering: Adults ____ **Youth (13 – 19)** ____ **Children 12 and Under** ____

Names and Ages: (Attach List for Large Group)

Name	<input type="checkbox"/> Adult <input type="checkbox"/> Youth Age ____ <input type="checkbox"/> Child Age ____
Name	<input type="checkbox"/> Adult <input type="checkbox"/> Youth Age ____ <input type="checkbox"/> Child Age ____
Name	<input type="checkbox"/> Adult <input type="checkbox"/> Youth Age ____ <input type="checkbox"/> Child Age ____
Name	<input type="checkbox"/> Adult <input type="checkbox"/> Youth Age ____ <input type="checkbox"/> Child Age ____
Name	<input type="checkbox"/> Adult <input type="checkbox"/> Youth Age ____ <input type="checkbox"/> Child Age ____
Name	<input type="checkbox"/> Adult <input type="checkbox"/> Youth Age ____ <input type="checkbox"/> Child Age ____

Registration -	Early Bird Registration Before May 31, 2012	June 1 – June 20, 2012	After – June 20, 2012
Adult Registration Only	\$25.00	\$30.00	\$35.00
Youth (13 – 19) Registration Only	\$15.00	\$20.00	\$25.00
Children (12 and Under) Registration Only	Free	Free	Free

I have enclosed payment in the form of a check money order in the amount of _____.

**Send this form along with “check or money order”
made payable to the Gateway Church of the Nazarene
and mail to Dr. Roger Bowman, P.O. Box 295, Temecula, CA 92593-2373**