Title: COMING TOGETHER: A weekend	of listening, l	earning and b	eing toge	ether		
Event Dates: October 16, 17, 18, 2020						
First Name:		Last Nai	_ Last Name:			
Phone #:						
Email:						
City:			_			
Are you affiliated with a church? Yes	s N	10				
If yes, which one?					-	
Are you attending in person?	Yes	No				
Are you attending online?	Yes	No				
If attending in person, do you have any	dietary restrie	ctions?	/es	No		
If yes, please indicate.						
Registration Options and Costs-Please c	heck which yo	ou would like t	o attend			
Pastors sessions Friday 9:00am-1:00pm (includes lunch)					\$20	
Friday evening 5:00 pm-8:30 pm and all-day Saturday 8:30 am-8:30 pm (3 meals)					\$30	
Sunday Renew Church Gathering 10:00-1:00 pm (includes Virtual attendance			inch)		\$10 \$ FREE	
Total Amount owing for Coming Together Conference					\$	
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Please indicate preferred method of	fpavment					
	. ,					
Cheque Mastercard	VISA					
Cheque Mastercard	Visa					
Credit Card Number						
Credit Card Number						
Credit Card Number			av with v	our registration.		