

2009 PEN-FLORIDA DISTRICT COUNCIL ALL CHURCH MINISTRIES CONVENTION

September 17-19 Victory Church Lakeland, FL

ACMC COST BREAKDOWN

Early Bird: \$35 August 1 deadline (postmarked)

Regular: \$45 August 29 deadline (postmarked)

Walk-In: \$60 (must register at the door)

Special Group Rate: For every 10 paid registrants, receive 2 **FREE!**
(does not apply to Kidz Trax or Minister & Spouse Track)

ACMC REGISTRATION (September 18 & 19)

MUST BE COMPLETED

Church Name _____ **Section # (AG only)** _____

Registrant's Name (for single registration only) _____

Phone # () _____ Email Address _____

Address _____ City/State _____ Zip _____

Sr. Pastor's Name _____

Total paid registrants: _____	Total number of FREE registrants: _____	Total number of adults attending: _____
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KIDZ TRAX REGISTRATION (SEPTEMBER 18 & 19)

Ages: 4 years old – 5th grade

Cost: Same as above

Special Discount for convention attendees registering more than one child in the *immediate family*.
Second child's registration is 1/2 off with the third child and any additional children registering at no cost.

Name: Parent & Child	Age of Child	Name: Parent & Child	Age of Child
1. _____		4. _____	
2. _____		5. _____	
3. _____		6. _____	

NURSERY REGISTRATION (SEPTEMBER 18 & 19)

Ages: 0-3 years old

Cost: Provided at no charge with paid adult registration.

Registration: Contact Victory Church at 863.859.6000

Reservation Deadline: August 29

Reservations will be secured until 10:15 a.m. each day.

Walk-ins will be received as space is available.

Parents **MUST** plan lunch breaks to correspond with the nursery schedule and pick up children at appropriate times.

MINISTER & SPOUSE TRACK (SEPTEMBER 17)

Early Bird: \$35 Minister/\$40 with Spouse
August 1 deadline (postmarked)

Regular: \$40 Minister/\$45 with Spouse
August 29 deadline (postmarked)

Walk-In: \$55 Minister/\$60 with Spouse (must register at the door)

Special Group Rate: Does not apply to this portion of convention

Number of Ministers attending _____ Number of Couples attending _____

TOTALS

ACMC \$ _____	Kidz Trax \$ _____	Minister & Spouse Track \$ _____	Total amount enclosed: \$ _____
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PAYMENT OPTIONS

Please include this completed registration form along with your check/credit card information.

Make checks payable to PFDC and mail to:
PFDC/CE Department, PO Box 24687, Lakeland, FL 33802-4687
International credit cards will be assessed additional fees.

CREDIT CARD (please print)

Name as it appears on card: _____

Billing Address _____ City/State _____ Zip _____

Phone # () _____ VISA MASTERCARD

Card Number _____ Expiration Date (mm/yy) _____ Amount \$ _____

Printed Signature _____ Signature _____

Cancellation Policy: 50% refund before August 29. No refund after August 29.