

# 2020 District Council Registration

\*\*\*\*\*Use **ONE** Form Per Person\*\*\*\*\*

**ONLINE** REGISTRATION: <https://www.penflorida.org/district-council/> \* **MAIL** REGISTRATION FORM WITH FULL PAYMENT TO:  
Secretary's Office \* PFDC \* PO Box 24687 \* Lakeland, FL 33802

Registration must be received by: May 1, 2020. **After deadline registration will be \$75.00.**

Please pick up packets at registration desk at council.

## **Please Print**

Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Church Name & City: \_\_\_\_\_

### **I am registering as (please mark one):**

Ordained (\$50) \_\_\_\_\_ Licensed (\$50) \_\_\_\_\_ Certified (\$50) \_\_\_\_\_ Church Delegate (\$50) \_\_\_\_\_

Visitor (\$20) \_\_\_\_\_ Senior Retired Minister (*complimentary*) \_\_\_\_\_ Walk in (Ministers & Delegates) (\$75) \_\_\_\_\_

### CREDIT CARD PAYMENT

VISA  MASTERCARD  DISCOVER  AX

Card# 

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Exp. Date: \_\_\_\_\_ (mm/yy) Amount: \$ \_\_\_\_\_ Signature \_\_\_\_\_

### **Billing Information for Credit Card**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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Please cut along the dotted line and return the completed portion to the PFDC address listed.

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