



Assemblies of God India Fellowship of North America 22nd NATIONAL CONFERENCE

June 28 – July 1, 2018

Rochester Riverside Convention Center
123 EAST MAIN STREET, ROCHESTER, NY 14604

REGISTRATION FORM

A. REGISTRANT

Name: Ms./Mr./Mrs./Dr./Rev. _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____

Email: _____

ADDITIONAL ATTENDEES:

	B. AGE 12 AND ABOVE	(M/F)		C. AGES 3 - 11	(M/F)
N	_____	<input type="checkbox"/> <input type="checkbox"/>		N	<input type="checkbox"/> <input type="checkbox"/>
A	_____	<input type="checkbox"/> <input type="checkbox"/>		A	<input type="checkbox"/> <input type="checkbox"/>
M	_____	<input type="checkbox"/> <input type="checkbox"/>		M	<input type="checkbox"/> <input type="checkbox"/>
E	_____	<input type="checkbox"/> <input type="checkbox"/>		E	<input type="checkbox"/> <input type="checkbox"/>
S	_____	<input type="checkbox"/> <input type="checkbox"/>		S	<input type="checkbox"/> <input type="checkbox"/>
	Total: _____			Total: _____	

RATE SCHEDULE:

	3 Days	2 Days	1 Day		Amount Payable
Room: \$65/day	\$195	\$130	\$65	\$65 x _____ (# of days)	
Food for each attendee ages 12 and above	\$135	\$90	\$45	\$ _____ (amount listed) x _____ (# of people, A + B)	
Food for each child ages 3 - 11	\$105	\$70	\$35	\$ _____ (amount listed) x _____ (# of people, C)	
Registration: \$20 per attendee	\$20 x _____ (A + B + C)				
Additional contribution:					
Total:					

Signature: _____ Date: ____/____/____

Make checks equivalent to, or in US dollars, payable to "AGIFNA 2018" and mail with completed registration form to 'Rev. Manuel Johnson, 76 Liberty Avenue, Mineola, NY 11501.'

Phone: (516) 236-6479

FOR OFFICIAL USE ONLY

Registration #:	Date Received:
Payment: Check #	Approved by:
Advance (Minimum \$250)	Balance Due:
Remarks:	

For additional information & registration forms, please visit: www.agifna2018.com