

Honey Conference

Registration Form

A non-refundable but transferable fee must accompany this registration form.
Registration Fee \$39

Position in Church _____	Ms/Mrs/Rev _____
Last Name _____	First Name _____
Street Address _____	
City _____	State _____ Zip _____
Telephone Day _____	Telephone Evening _____
Church/Organization _____	
Mailing Address _____	
City _____	State _____ Zip _____
Group Registration: Contact Person _____	
E-mail Address _____	

CREDIT CARD: VISA / MASTER CARD	
Card # _____	Exp. Date _____
Amount _____	Name Printed on Card _____
Signature of Card Holder _____	
If cardholder is different from registrant:	
Cardholder's telephone # _____	
Mailing Address _____	
City _____	State _____ Zip _____

To accommodate persons with disabilities, please indicate the type of disability (physical, hearing, etc.) _____

Only one registrant per form please. Fax registration to: (901) 755-6324 or mail to:

Cathedral of Praise
"Eat Thou Honey" Conference
P.O. Box 2108
Cordova, TN 38088

OFFICE USE ONLY:								
File# _____	Rec'd _____	/	/	Conf _____	/	/	Ck# _____	DD _____