

**2009 Sons, Daughters and Covenant Partners
Fellowship Convocation**

REGISTRATION FORM

September 10-12, 2009

Attendee Name	
Title	
Organization/Church	
Are others traveling with you?	
Street Address	
City, State Zip	
Country	
Telephone Number	
Fax Number	
Email Address	
Arrival Date	
Departure Date	
Are there others traveling with you?	
If yes, please provide name(s).	
If attending working lunch session, are there any special dietary requirements?	

METHOD OF PAYMENT

Online at <http://www.bishopjam.org> via PayPal.

Credit Card/Check or MO: _____

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(Visa, Master Card, American Express, Discover)

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Check / Money Order: _____
(Please make checks/money orders payable to Twenty 1st Synergys, Inc.)

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D a t e : **R e c e i v e d** **Received**
by: _____

R e v i e w e d **by:** _____
Date: _____

Authorized by: _____ **Pastor's**
Signature: _____