

ENDURANCE MEN'S CONFERENCE REGISTRATION FORM
 OCTOBER 17, 2020 • CLA, CAMP HILL, PA

MAKE COPIES AS NECESSARY

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

FAX _____ EMAIL _____

CHURCH NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

| CLA LIVE | QUANTITY | PRICE | TOTAL |
|---|----------|--------------|-------|
| EARLY REGISTRATION (POSTMARKED BY OCTOBER 7, 2020) | | \$40 | |
| CONFERENCE REGULAR REGISTRATION | | \$50 | |
| STUDENT EARLY REGISTRATION (COLLEGE OR YOUNGER) | | \$20 | |
| STUDENT REGULAR REGISTRATION (COLLEGE OR YOUNGER) | | \$25 | |
| SENIOR PASTOR REGISTRATION | | FREE | |
| PAID 10 - RECEIVE ONE (ALL 10 MUST BE FROM SAME CHURCH) | | FREE | |
| PREMIERE HOSTS | | | |
| VIRTUAL SITE - CHURCH FLAT FEE (UNLIMITED REGISTRATION) | | \$600 | |
| | | | |
| | | TOTAL | |
| REGISTRATION IS NON-REFUNDABLE BUT TRANSFERABLE | | | |

REGISTERING: INDIVIDUAL GROUP

LIST NAMES

| | | |
|----|-----|-----|
| 1. | 6. | 11. |
| 2. | 7. | 12. |
| 3. | 8. | 13. |
| 4. | 9. | 14. |
| 5. | 10. | 15. |

METHOD OF PAYMENT

MY CHECK OR MONEY ORDER PAYABLE TO MEN'S MINISTRIES IS ENCLOSED.

CHARGE MY CREDIT CARD: MASTERCARD VISA CREDIT CARD# _____ EXP DATE _____ CVV# _____

CARDHOLDER'S NAME _____ PHONE _____

BILLING ADDRESS _____

CARDHOLDER'S SIGNATURE (REQUIRED) _____

PLEASE SEND REGISTRATION TO: POTOMAC MINISTRY CENTER • PO BOX 690 • GAINESVILLE, VA 20156 • 730.753.0300
 CONFERENCE LOCATION: CLA • 2645 LISBURN ROAD, CAMP HILL, PA • CONTACT EMAIL: potomacmm@potomacag.org