



REGISTRATION FORM

First Name:

September 24 – 29, 2009

Last Name:

Your church's name:

Your position or title:

Address:

City/State/Country

Zip:

Contact Phone #:

Fax:

E-Mail:

Payment Method: VISA MasterCard Amex Check

Credit Card Number:

Expiration Date:

CCV #:

Name on Card:

2009 CONFERENCE OPTIONS:

- \$1,995 (includes conference registration, hotel, transportation to/from sessions & most meals)
- \$ 995 (includes conference registration, transportation to/from sessions provided from host hotel ONLY and most meals)

SPOUSE OPTIONS: Name of Spouse: _____

- Additional \$995 for spouse to attend all sessions.
- Additional \$200 includes: (**NOT** attending sessions but attending social events)
 - Friday: Evening picnic + transportation
 - Saturday: Evening church transportation
 - Sunday: Transportation to church + breakfast
 - Sunday: Transportation to Water Baptism + lunch
 - Tuesday: Evening barbecue + transportation

PAYMENT POLICY: Please read the following in order to avoid any misunderstandings and confirm for yourself your commitment in registering for this Practicum. 50% of payment is due at time of submission and the balance is due 3 months prior to session.

Checks: Please make checks payable to *New Hope International*. Must be in U.S. funds drawn on a U.S. Bank.

Credit cards: At the time of submission, we will charge the credit card above 50% of the registration fee.

Cancellations: A processing fee of \$200 will be assessed to all cancellations.

Please fax completed forms to: (808) 842-4241.

Check or money orders: *New Hope International*, 290 Sand Island Access Road, Honolulu, HI 96819

Questions? Call Ann Young at (888) 842-4242 ext. 109 (North America) or (808) 842-4242 ext. 109 (all other countries)