

93rd Annual Convocation Registration - fee \$10.00

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____ Phone Number: _____

Email Address: _____

Church Affiliation: _____

Which days will you be attending?

Sun. Mon. Tue. Wed. Thu. Fri. Sat.

Will you be needing a hotel reservation? _____

Do you have any special requirements/ requests? _____

Method of Payment:

Check (Make Check Payable to **Northern District Convocation**) c/o Deacon Charles Ellzy
P.O Box 748 Langhorne, PA 19047 Ten Dollars (\$10.00)

Credit Card:

Type of Credit Card: _____

Name on Credit Card: _____

Credit Card No. _____

Expiration Date: _____

Signature: _____ Date: _____