

RECHARGE 20/20

FAITH | FAMILY | FINANCES

AUGUST 13-14

GREENVILLE COMMUNITY CHRISTIAN CHURCH
GREENVILLE, NC

Registration Form

CONTACT INFORMATION

Full Name: _____ Spouse: _____

Address: _____

City: _____ State _____ Zip/Postal Code: _____

Email: _____ Telephone: (____) _____

CONVENTION REGISTRATION NOTE:

- IN PERSON ATTENDANCE:
- VIRTUAL ATTENDANCE:

MEMBERS & GUESTS LUNCHEON: COMPLIMENTARY

PLEASE NOTE ANY FOOD ALLERGIES: _____

DONATION/SEED:

CONFERENCE EXPENSES: \$ _____

ICFM: \$ _____

Payment Information

Form of payment:

Check enclosed: \$ _____

Credit Card Charge Amount: \$ _____



Card Number: _____ - _____ - _____ - _____ Expiration Date ____/____

Signature _____ Date _____

MAIL REGISTRATION WITH PAYMENT TO:

Greenville Community Christian Church | P.O. Box 968 | Greenville, NC 27835

Email: CommunityChristianchurch@earthlink.net