Church of God in Christ
Florida Eastern Ecclesiastical Department of Women
57th Jurisdictional Women's Convention Registration Form
September 13 – 16, 2016

(PLEASE PRINT)

Name _____
(First) (M.I.) (Last)

Address _____
Street Address

_____ _____
City State & Zip Code

Home Telephone (_____) _____ **Cellular** (_____) _____

Email address: _____

Local Church _____

Pastor _____ **District** _____

Registration fee: $25.00
Registration fee includes: Convention Bag, Program Book, and Continental Breakfast **FRIDAY MORNING (Marriott Hotel)

Make checks payable to: COGIC Women's Dept.

***Please return this registration form to:**
FEEJ DOW
14530 Booker T Washington Blvd. Miami, FL 33176
Fax: (305) 252 – 1113 Email: efloridadow@aol.com

_____ _____
Registrant's Signature Date

DO NOT WRITE IN THIS AREA. OFFICIAL USE ONLY

Amount Paid $_____

Method of Payment: __**Cash** ___**Check** __**Money Order** __**Credit Card**

Date _____ **Receipt #** _____ **Received by:** _____