

Church of God in Christ
Florida Eastern Ecclesiastical Jurisdiction
Mother JoAnn G. Hill, Jurisdictional Supervisor
Bishop Jimmie L. Williams, Jurisdictional Prelate

59th Annual Women's Convention
& Leadership Conference
September 11 – 14, 2018

Housing Site

Fort Lauderdale Marriott North Hotel

6650 North Andrews Avenue - Ft. Lauderdale, FL 33309
Telephone: (954) 771-0440


Room Rate: \$107.00 per night

(No Tax – if paid by August 19, 2018)

| Hotel Stay (# of Nights) | Amount due (single occupancy) | Amount per person (double occupancy) |
|-----------------------------|----------------------------------|---|
| 1 | \$107.00 | \$54.50 |
| 2 | \$214.00 | \$109.00 |
| 3 | \$321.00 | \$163.50 |
| 4 | \$428.00 | \$218.00 |

Method of Payment:

- Cash is only accepted when paying in person.
- Checks & Money Orders should be made payable to **Church of God in Christ Women's Department.**
- Credit Cards are accepted. **An additional \$3.00 will be charged.**

 **Mail this form and your full payment to:**
Ms. LaWanda R. Hill
14530 Booker T Washington Blvd.
Miami, FL 33176-7336

Housing Coordinator:
Sister Desiree Wright ~ 305-900-4709 Voicemail
Fax (305) 252 – 1113
Email: Efloridadow@aol.com



Housing Registration Form

Please send housing form **along with payment** on or before **August 19, 2018** to ensure hotel accommodations. *Roommates must register together. Submit **ONE** form for each room requested. You may copy this form if needed. **PLEASE PRINT LEGIBLY-** *Hotel confirmation letters will be emailed to the email address listed below.

Room Accommodations: (please check one)

- Single Double (two beds) Double (1 King-size bed)
Person(s) Occupying Room: (Roommate #1)

Name _____

Address _____

City _____ Zip Code _____

Telephone (____) _____ District _____

Email Address _____

Arrival Date _____ Departure Date _____

Share Room With: (Roommate #2)

Name _____

Address _____

City _____ Zip Code _____

Telephone (____) _____ District _____

Email Address _____

Arrival Date _____ Departure Date _____

Special Request(s) for Room:

___Low Floor ___Handicap Room ___Near Elevator

Church of God in Christ
Florida Eastern Ecclesiastical Jurisdiction
59th Jurisdictional Women's Convention
September 11 – 14, 2018

Convention Registration Form

\$30.00 – per delegate

Registration fee includes:

Convention Bag, Program Book, and
Breakfast **FRIDAY MORNING (Marriott Hotel)
7:30 a.m. – 9:30 a.m.

(PLEASE PRINT)

Primary Registrant:

Name _____

Cellular Number (____) _____

Email address: _____

Local Church: _____

Pastor: _____

District: _____

Additional Delegates:

Name _____

Name _____

Name _____

Name _____

Name _____

Primary Registrant Signature

Date

Total Number of Delegates: _____ @ **\$30.00**

Total Amount Due: \$ _____

Method of payment:

____ Cash (*only accepted when paying in person*)

____ Check ____ Money Order (*Mail to LaWanda R. Hill*)

____ Credit Card **(If paying by CC, call Desiree Wright (305)900-4709)*

Registration forms can be submitted via:

U.S. Mail: **LaWanda R. Hill**
14530 Booker T. Washington Blvd.
Miami, FL 33176

Scan/Email: **Efloridadow@aol.com**

Fax: **(305) 252 – 1113**

*Thank you for supporting the Florida Eastern Ecclesiastical
Jurisdictional Women's Convention. God bless you! To God Be the
Glory!*

DO NOT WRITE IN THIS AREA. OFFICIAL USE ONLY.

Amt. Paid:\$ _____ Date: _____ Receipt # _____ Rec.by _____

Method of payment: ____ Cash ____ Check ____ Money Order ____ Credit Card

Square confirmation # _____