

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

**60th Annual Women's Convention
& Leadership Conference
September 10 – 13, 2019**

Housing Site

Fort Lauderdale Marriott North Hotel

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


Room Rate: \$109.00 per night

(No Tax – if paid by August 20, 2019)

Hotel Stay (# of Nights)	Amount due (single occupancy)	Amount per person (double occupancy)
1	\$109.00	\$54.50
2	\$218.00	\$109.00
3	\$327.00	\$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.**
- Cash App - **\$Feedow**

 **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 20, 2019** 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)

- Double/Single (1 King-size bed)** **Double (two beds)**
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

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60th Jurisdictional Women's Convention
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Convention Registration Form

Registration fees include:

\$25.00 Silver Registration Convention Bag & Program Book
\$40.00 Gold Registration Convention Bag, Program Book
& Breakfast ******(Sept. 12 & 13) **THURSDAY & FRIDAY**
(Marriott Hotel) 7:30 a.m. – 9:30 a.m.

Primary Registrant (PLEASE PRINT)

Name _____

Cellular Number (_____) _____

Email address: _____

Local Church: _____

Pastor: _____

District: _____

Additional Delegates:

Name _____

Name _____

Name _____

Name _____

Primary Registrant Signature

Date

Total Number of Silver Delegates: _____ @ \$25.00

Total Number of Gold Delegates: _____ @ \$40.00

Total Amount Due: \$ _____

Method of payment:

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

____ Check ____ Money Order

____ Cash App: **\$Feedow**

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 ____Cash App