

INSTRUCTIONS:

- Individuals:** Please fill out the church name and address information to the right. Please fill out *your* e-mail and phone number there also. Your individual address information should be entered on line 1.
- Groups:** It is important that this form be completely filled out, including each registrant's HOME address. If we are missing information, the entire group's registrations will be held until we receive the necessary information.
- Fill out information completely (Please print neatly).
- Please indicate your choices for registration, lunch (optional), & special seminar (optional).
- Registration is transferable, but not refundable.
- Confirmation by request only.
- Payment *must* accompany this form; enclose church or personal check made out to Equip Ministries or complete the credit card information at bottom left.
- Registrations postmarked by Feb. 1, 2010 may use the early bird price on the registration options. Feb. 2nd and later, please use the regular price.
Note: Discounts do NOT apply to lunches or special seminars!

Registration:

Cost : \$30 per person until Feb 1st, \$45 per person after .

G - General Admission OR
P - Pastor's Seminar

*Pastors Seminar is held on Friday, includes general admission. See conference guide page 4 for further details.

Lunch: We are offering optional box lunches this year. Cost is \$7.00 per box lunch. Box lunches must be ordered AND PAID by February 1st. See conference guide page 22 for details.
T- Turkey H- Ham B- Beef

Special Seminars: Please indicate the seminar code & cost in the column. See conference guide page 22 for codes and costs.

Mail Form & Check Payable To:

EQUIP Ministries
4100 N Brandywine Dr. Ste 211B
Peoria, IL 61614
OR
Fax it to: (309) 688-1672
with credit card information

EQUIP 2010 REGISTRATION FORM

February 26-27, 2010 • Peoria Christian School, 3506 N. California Ave. Peoria, IL 61603

Church Name _____
 Church Address _____
 City / State / Zip _____
 Church Phone () _____
 Contact Person _____
 Contact Phone & E-mail() _____

Individual Phone () _____

E-mail _____

DEADLINES: Early-bird rates: February 1st
 Box Lunch orders: February 1st
 Mailed registrations: Postmarked Feb. 19th
 Faxed registrations : Feb. 23rd
 After Feb. 23rd, please come as a walk-in registration.

Name	Street Address	Zip	Registration		Friday		Saturday		Special Seminar		Total
			Code - Cost	Code - Cost	Code - Cost	Code - Cost	Code - Cost	Code - Cost			
Examples: Sally Smith	1234 Anywhere St.	98765	G	\$30					CBT	\$30	\$60
Pastor John Doe	456 W. Somewhere Else Ln.	56432	P	\$30	T	\$7.00	H	7.00			\$44
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
TOTALS				A		B		C		D	

Credit Card Payment: Visa _____ MasterCard _____
 Name on Card _____
 Card Number: _____
 Expiration Date: _____
 Card Holder Signature: _____

Total Registrations (A+B+C+D)	\$
Voluntary Donation	\$
TOTAL AMOUNT ENCLOSED	\$