



PLEASE PRINT CLEARLY

SECTION 1: INDIVIDUAL INFO

NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

DAYTIME PHONE: _____ EMAIL: _____

SECTION 2: CHURCH INFO

CHURCH NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PHONE: _____ WEBSITE: _____

PASTOR: _____

SECTION 3: PAYMENT INFO*

PAYMENT TYPE:

CREDIT CARD: CHECK: CASH:

NAME ON CARD: _____

CARD #:

EXPIRATION: ____/____/____ CVV (3-4 DIGIT CODE):

CONFERENCE CITY _____ # REGISTRATIONS TICKET AMOUNT \$ _____

TOTAL PURCHASE \$ _____

OFFICE USE ONLY:

DATE RECEIVED ____/____/____ CREDIT CARD RAN ON ____/____/____

CREDIT CARD APPROVED DENIED

CHECK RAN ON ____/____/____

RECEIPT SENT ____/____/____

*AN EMAIL RECEIPT WILL BE SENT TO YOUR EMAIL AS SOON AS YOUR PURCHASE IS PROCESSED. THE RECEIPT IS YOUR TICKET.

PLEASE MAIL TO: PO BOX 11798 DENVER, CO 80211-0798 OR EMAIL TO: INFO@PKNET.ORG