



2020 LEADERSHIP SUMMIT REGISTRATION FORM

REGISTRATION FEES ARE NON-REFUNDABLE and can be paid by Check, Money Order or Credit Card. In the event that a credit card charge is denied for any reason or a check payment is returned by the bank, the purchaser will be contacted by email or phone and allowed five days to submit a new payment. Registration can also be completed online at www.interstateassociation.com.

INCLUSIONS: Registration for the Leadership Summit includes the following: Registration Badge, entry to all Leadership Sessions, Summit meals (Friday dinner, Saturday breakfast and lunch), and Summit printed materials.

Registrant	Information given will be used for Interstate mailing list.		
	First Name: _____	Last Name: _____	Ministry Role: _____
	Home Address: _____		City/State/Zip: _____
	Daytime Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Church <input type="checkbox"/> Cell <input type="checkbox"/> Work		
	Alternate: _____		Email Address: _____
	Age Group: <input type="checkbox"/> 18-30; <input type="checkbox"/> 31-50; <input type="checkbox"/> 51-65; <input type="checkbox"/> 66 +		
	Emergency Contact Name: _____		Phone #: _____

Church Information	Information given will be used for Interstate mailing list.		
	Church Name: _____	Pastor's Name: _____	
	Address: _____		
	City: _____	State: _____	Zip: _____
	Phone Number: _____		Email Address: _____

Early Bird	Oct 1 – Dec 31, 2019
	<input type="checkbox"/> \$70.00

Regular	Jan 1 - Jan 21, 2020
	<input type="checkbox"/> \$80.00

Registration Payment	Payment Information: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Money Order	Office Use Only	
	Credit Card Account # _____ - _____ - _____ - _____ Exp. Date: _____ mm/yy		Postmark: _____
	CID# _____ (3-digit number located at the end of the signature panel or 4-digit number above card number [AMEX only])		Deposit Date: _____
	Name as it appears on credit card (Please Print): _____		Ck# _____
	Cardholder's Billing Address: _____		Amt Pd: _____
	Cardholder's Phone Number: _____ Email _____		CC Auth#: _____
	Signature (Required): _____		

REGISTRATION FORMS: Please mail completed registration form(s) to the IACOG Registration - First Church of God Las Vegas, P.O. Box 270548, Las Vegas, NV 89127. **Registration confirmations** will be issued via email or U.S. Mail (if no email address provided) once registration has been processed. If you do not receive an email acknowledgement or confirmation within 72 hours of your online registration, or within (2) weeks of your mailed forms, please call the Interstate office at (702) 646-2824.

