

**EFCA Southeast**  
**2010 District Conference, Jacksonville, FL**  
**January 25-26, 2010**  
**Registration Form**

Name #1 \_\_\_\_\_

Name #2 \_\_\_\_\_

Church Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Church Name \_\_\_\_\_

Please send this form with a check payable to *EFCA Southeast* for the following amount (circle one below):

**Conference Price (After Feb 15, 2010):**

1 Person = \$75; 2 Persons = \$110; 3 Persons=\$185; 4 Persons=\$220

**Early Bird Price (Before February 15, 2010):**

1 Person = \$65; 2 Persons = \$100; 3 Persons=\$165; 4 Persons=\$200

OR

Charge the above circled amount to my Credit Card:     Visa         Master Card     Discover

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

3-digit card verification # on back of Card: \_\_\_\_\_

Credit Card Holders Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send this completed form to:

EFCA Southeast  
13245 Atlantic Blvd. 4-276  
Jacksonville, FL 32225