

**EFCA Southeast
2012 District Conference, Gainesville, FL
February 23-24, 2012
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 amount below**):

Conference Price (Postmarked after January 23, 2012)

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

Early Bird Price (Postmarked before January 23, 2012):

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

OR

Charge **the above circled amount** to my Credit Card (check one):

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 (or fax to 904-853-5487):

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