



WOMEN WALKING WITH GOD
APRIL 21-22, 2017
CONFERENCE REGISTRATION

Name: _____

First

Last

Address: _____

Street

City

State

Zip

E-mail: _____

(ex. you@yourhost.com)

Phone _____

Area Code + Number

Church Information: _____

Church Name

City/State

If purchasing for more than one person, please list additional names and addresses on the back.

(All wristbands will be mailed to the address above in March 2017)

Registration Information:

| # | Postmarked: | By 1-31-17 | After 1-31-17 | |
|---|--------------------|------------|---------------|----|
| | Conference & Lunch | X \$63.00 | X \$68.00 | \$ |
| | Total | | | \$ |

Payment Information:

Credit Card: register online at www.womenwalkingwithgod.org
 Check or Money Order (no cash, please) made payable to:

Women Walking with God Conference
 4545 N Meridian, Wichita, KS 67204

By paying for your registration you give us permission to use your picture in promotional material.



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