



REGISTRATION FORM
Florida Baptist Convention
 1230 Hendricks Avenue
 Jacksonville, FL 32207
 WMM/Missions Education Team
 1-800-226-8584, ext. 3141

SonShine₂₀₁₂



April 12-14

- \$130.00 per person/double
- \$172.00 per person/single
(2 night lodging, 5 meals)

April 13-14

- \$85.00 per person/double
- \$110.00 per person/single
(1 night lodging, 3 meals)

Cancellation Policy: Receive full refund if you cancel 60 or more days prior to the event. Receive one-half refund if you cancel 30-59 days prior to the event. No refund if you cancel 29 or less days prior to the event. In case of serious illness, written letter of explanation will be considered for refund. Early notification in case of illness will aid the process. Substitutions are always accepted up to check in. We encourage you to take advantage of the ministry opportunity to transfer your registration to another person.

GENERAL INFORMATION:

- Registration **must be received** by the Accounting Department seven (7) days prior to the start of the meeting. This event will be held at Lake Yale Baptist Conference Center in Leesburg, FL.
- Telephone reservations are accepted if paying by credit card. Fax your completed form to 904-596-4473. **This option can only be used if paying by credit card. MasterCard – VISA information** must be provided along with registration information below.
- **Check** must accompany registration with full amount **payable** to: FLORIDA BAPTIST CONVENTION. **Mail check with this form to:** Accounting Department, Florida Baptist Convention, 1230 Hendricks Avenue, Jacksonville, FL 32207.
- For more information call 1-800-226-8584, ext. 3141.

650-710

Group leader

Name _____ E-mail _____
(Please print clearly, confirmations are sent via this method)

Address _____ City _____ State _____ Zip _____

Home Telephone (_____) _____ Alternate Telephone (_____) _____ Total Enclosed \$ _____

Church _____ City _____ Total # of Reservations _____

For VISA or MASTER CARD PAYMENT:

Account # _____ Exp. Date _____ Security Code _____

PRINT Cardholder's name _____

Billing address of card holder _____ City _____ Zip _____

Attendee: Male Female Ministers' Wives Tract
 Name _____
 Private Double Commuter
 Roommate Preference _____

Attendee: Male Female Ministers' Wives Tract
 Name _____
 Private Double Commuter
 Roommate Preference _____

Attendee: Male Female Ministers' Wives Tract
 Name _____
 Private Double Commuter
 Roommate Preference _____

Attendee: Male Female Ministers' Wives Tract
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