



CCC CONFERENCE REGISTRATION
OCTOBER 31 – NOVEMBER 3, 2012

TITLE: Mr. Mrs. Ms. Other _____ DATE _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

HOME E-MAIL ADDRESS: _____

NAME OF NAME OF SPIRITUAL COMMUNITY OR ORGANIZATION:

ADDRESS: _____

MINISTRY PHONE: _____

MINISTRY E-MAIL ADDRESS: _____

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TRAVEL/HOTEL INFORMATION:

Will you be Driving or Flying to Atlanta? _____

Flight Information:

Arrival: Airline: _____ Time: _____ A.M. or P.M.

Departure: Airline: _____ Time: _____ A.M. or P.M.

Name of Hotel/Location: _____

CONFERENCE FEES:

Registration Fee \$ _____ Paid by: ___ Cash ___ Check ___ Credit Card Date Paid: _____

Type of Credit Card: _____ (Visa, Master Card, Discover, AMEX., etc.)

Account # _____ Expiration Date: ____/____

Name on Card: _____

Billing Address: _____

Signature: _____ Date: _____

Return this form to: CCC, PO Box 371289, Decatur, GA 30037

or by fax at (404) 243-5927

Or contact LaDonna Paulk at 404-243-5020 or ladonna.paulk@mytruthsanctuary.com