



**\$260 per person
(\$470/two)**

(Includes registration, room
for two nights and meals)

I will have a car _____
YES/NO

Total Enclosed:\$ _____ Single room/ I'm sharing a room with: _____

Payment method: Check # _____

MC/VISA/DISCOVER # _____ Expires: _____

Signature: _____

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Home Parish: _____ Jurisdiction:(MDAS, ACNA, MSJ, TEC, etc.) _____

Any special needs (physical or dietary)? _____

Please accept my donation toward registration scholarships: \$ _____

Please mail or scan/email this form and payment to:
Forward in Faith, North America
P.O. Box 210248
Bedford, TX 76095-7248
Email: Julia.Smead@fifna.org
Questions? Call 800-225-3661