

2010 FCM FIVE-FOLD MINISTRY, BELIEVERS AND YOUTH CONFERENCE
July 21-24, 2010

The following hotel is offering a special rate so please let them know you are part of the *Faith Covenant Ministries* conference:

Mt. Laurel Marriott
 915 Route 73
 Mt. Laurel, NJ 08054
 (856) 234-7300
 Standard King - \$125.00
 Standard Double - \$125.00

King with Queen pullout sofa - \$125.00

To make reservations please call: (877) 231-7703 Be sure to mention the Group name "Faith Covenant Ministries" Reservations can also be made on line at www.mtlaurelmarriott.com utilizing the Group Code FAIFAIA (The cut-off date for this rate is June 21st so call for reservations as soon as possible.)

The cost of the conference is \$115.00 per person, \$140.00 per couple if registered prior to June 1st. After June 1st, cost is \$140.00 per person, \$165.00 per couple. Youth (12 and older) is \$55.00 per person and includes breakfast snack. One-day registration will be half of the cost. Two or more days will be full price. For those who participate in serving, the cost is \$80.00 per person, \$100.00 per couple (if both serving) before June 1st, or \$95.00 per person or \$115 per couple (if both serving) after that date. For those serving in nursery and children's ministry, the cost is \$70.00 per person, \$85.00 per couple before June 1st, or \$80.00 per person and \$95 per couple after that date. At the door, cost will be \$165.00 per person, \$205.00 per couple. Fill in the registration form and return it, with the fee to: Faith Covenant Ministries, 24 Whalen Avenue, Sicklerville, NJ 08081. Evening services are free and open to the public.

 Registration

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of other people attending (In the case of youth, please include age; for children, please include age, allergies and if they will be attending Kid's Promise Club)

Name	Age	Allergies	K.P.C.?

Number registered _____ Singles @ _____ = _____

_____ Couples @ _____ = _____

_____ Youth @ \$55.00 = _____

TOTAL _____

For parent(s) with youth, there is a 10% discount (if applicable) minus 10% _____

TOTAL _____

If serving, please list the area(s) and time(s) you are serving: _____

Make checks payable to "FCM" or pay by credit card AX _____ Visa _____ MC _____

Card # _____ Expiration date _____

Name as it appears on the card _____ Signature _____

You may fax the form in if you are using a credit card. Fill out information and fax to: 856-401-1233.

