

# REGISTRATION FORM

*Feast of Esther 2020*

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

MINISTRY: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME OF THE CHURCH YOU ATTEND: \_\_\_\_\_

POSITION IN MINISTRY: \_\_\_\_\_

TITLE OF OFFICE IN MINISTRY: \_\_\_\_\_

HUSBAND'S NAME: \_\_\_\_\_

## ACCOMMODATION

Types and Cost (Please indicate for preference)

Accommodation Type	No of Nights	Types of Rooms/ No	Room daily Rate	Total

**TOTAL**

1. Advance payments for registration and accommodation can be made through the bank. Details are as follows:

**Access Bank**

**Account Name: FEAST OF ESTHER**

**Acct no REGISTRATION: 0031543923**

**Acct no ACCOMMODATION: 0031557186**

**Pledge Redemption Account: UBA**

**Account Name: FEAST OF ESTHER**

**Account no: 1007862642**

**2. Registration Fee N25,000**

Please scan and e: mail your completed form to [info@feastofesther.org](mailto:info@feastofesther.org) or by hand to Feast of Esther Secretariat.

ONLY CASH PAYMENTS CAN BE MADE FOR REGISTRATION AND ACCOMMODATION ON ARRIVAL.

Signature of Delegate:.....

Teller No: Registration.....

Date:.....

Accommodation:.....

**FOR OFFICE USE ONLY**

Registration Fee Paid

N.....

Signature of Registrar.....