

REGISTRATION FORM

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: _____

WHAT YEAR DID YOU JOIN THE FEAST: _____

HOW MANY TIMES HAVE YOU ATTENDED: _____

ACCOMMODATION

Type and Cost (Please indicate for preference)

Accommodation Type	No of Night	Type of Room/No	Room Daily Rate	Total
TOTAL				

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

ACCESSBank

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

PLEASES can and e: mail your completed form to info@feastofesther.org or by hand to Feast of Esther Secretariat.

ONLY CASH PAYMENTS CAN BE MADE FOR REGISTRATION AND ACCOMMODATION

Signature of Delegates: _____ Teller No. Registration: _____

Date: _____ Accommodation: _____

FOR OFFICIAL USE ONLY

Registration Fee Paid: _____

N _____

Signature of Registrar: _____