

ALL OF GRACE

May 8-11, 2012 ♦ Harbor Lights Hotel, Cagayan de Oro City

PERSONAL DATA

Instructions: Please check the appropriate box

1. FIRST NAME M.I.
FAMILY NAME CONFERENCE I.D. NAME:
2. TITLE: Rev. Pastor Elder Deacon Missionary Dr.
 Mr. Mrs. Ms. Other, please specify:
3. GENDER: Male Female
4. STATUS: Single Married [If Married, Name of Spouse:]]
5. BIRTHDATE (MM/DD/YYYY): AGE: 17-20 21-25 26-40 41-60 61 or above
6. ADDRESS:.....
..... CITY:
7. TEL.: MOBILE: OFFICE: RES.:
FAX: E-MAIL:
8. AFFILIATED CHURCH/PARA-CHURCH:..... PASTOR:
CHURCH ADDRESS: PHONE:
MINISTRY INVOLVEMENT (Optional):
9. OCCUPATION: Pastor Elder/Deacon Missionary Seminary Coworker/Student Student
 Christian Organization Coworker Other, please specify:
10. Have you attended any of the CCOWE-ETF Philippines' Conferences before? (Please check all that apply)
 Yes, I attended the 1st conference (Christ the Center).
 Yes, I attended the 2nd conference (Changing World, Eternal Word).
 No, this is my first time to attend a CCOWE-ETF Philippines Conference.

CONFERENCE REGISTRATION AND ACCOMMODATION

1. REGISTRATION FEE (Airfare not included)*
 - a. On or before **February 29, 2012** P4,500 / P4,000 (Full-Timer's Rate)
 - b. From March 1 to **March 31, 2012** P5,000 / P4,500 (Full-Timer's Rate)
 - c. From April 1 to **April 30, 2012** P5,500 / P5,000 (Full-Timer's Rate)

*Full payment must be submitted before application can be processed.

*No slot reservations.

*Upon successful application, all payments are non-refundable.

*Registration is transferrable.

2. ROOMMATE ARRANGEMENT*

- Please arrange a roommate for me.
 I have preferred roommates (see next page):

- a. FULL NAME: RELATION:
- b. FULL NAME: RELATION:
- c. FULL NAME: RELATION:

*Mutual agreement must be reached before submitting the above request.

*All participants must accommodate at Harbor Lights Hotel, Cagayan de Oro City.

3. TRANSPORTATION REQUEST*

ARRIVAL

DEPARTURE

Airline:

Airline:

Flight No.:

Flight No.:

Time of Arrival:

Time of Departure:

*Organizers are only responsible for transportation and accommodation during the Conference Date and Schedule.

*Conference starts at 10:00 AM on May 8 (Tuesday) and ends at 1:00 PM on May 11 (Friday).

*Deadline of Submission for Transportation Request is on **April 30, 2012**.

(Please make a copy of the completed form for your own reference.)

HOW TO REGISTER

1. Fill out the Registration Form completely. To register online, please go to www.ccoweetf.org

2. Pay the Registration Fee:

a. Option 1: BANK DEPOSIT

Name of Bank: MetroBank (Farmer's Plaza Branch)

Name of Account: Michael Lim or John Eric Cabada

Account Number: 7244512530

b. Option 2: CHECK

Issue check payable to: CASH or Michael Lim or John Eric Cabada

c. Option 3: CASH

3. Submit the Registration Form, along with the Payment (Bank Deposit Slip/Check/Cash)

a. Via MAIL: ATTN: Keren Tan-Chu

No. 6, Unit H, Park 9 Alley, Loyola Heights, Quezon City 1108

b. Via FAX: ATTN: Keren Tan-Chu

Fax No.: (02) 990-1571

c. Via E-MAIL: Scan Deposit Slip and e-mail to registration@ccoweetf.org

For registration inquiries, please contact:

SIS. KEREN TAN-CHU

Landline (02) 502-8589 | Telefax (02) 990-1571 | Mobile (0917) 300-0544

Email keren@ccoweetf.org or registration@ccoweetf.org

For general concerns, please contact the following:

REV. MICHAEL LIM
(Metro Manila)

Landline (02) 721-8499 | Mobile (0917) 828-6453 | Email mike@ccoweetf.org

PTR. FRANCIS ANG
(Cagayan de Oro)

Landline (088) 857-2493 | Mobile (0922) 829-9906 | Email francis@ccoweetf.org

Please visit <http://www.ccoweetf.org/philippines/resources/faq> for Frequently Asked Questions (FAQ).