Registration Form



Please Complete One Form for Each Adult Registrant

All fields are required in order to process your registration. Paper registrations must be received by mail or fax no later than May 9, 2014.

 $\textit{Kids} + \textit{Youth may be added to a Primary Attendee (not "Guest / Spouse") for \$50 \ per \ child.}$

Registration Type			
Select One:	Super Early Bird Oct. 31–Dec. 13	Early Bird Dec. 14–March 13	Convention Rate* March 14–May23
☐ Convention Attendee ☐ Guest / Spouse (From Same Church Only) ☐ ForeRunner* / Spouse Must have received a Fou ☐ International Attendee	\$159 \$159 rsquare Retirement Commendation	\$189 \$169	\$229 \$199 \$99 \$169
*All rates increase by \$30 if registering onsite. If a Guest / Spouse registration form is included, please included, please specify nan			
Personal Info			
First Name	Last Name	DOB	Gender
Address			
City	State / Province	Country	
Phone	Email (confirmation i	nformation) —	
Which of the previous recent conventions have you			
□ Dallas will be my first convention! □ Orlando (2013) □ Phoenix (2012) □ Columbus (2011)	on land	☐ Atlanta (2010) ☐ Anaheim (2009) ☐ Houston (2008) ☐ It's been awhile. (None of	the Above)
Home Church (Foursquare Churches C Church Name	-	City	
State / Province			
		Country	
☐ Great Northern District ☐ Mid-	land District Atlantic District	Northeast District Northwest District	□ Southeast District □ Southwest District □ International □ N/A
Attendee Type (Select from either A	or B)		
A () Credentialed Minister:	B () Voting Delegat	e* Or	
□ Ordination	() Non-Voting Par		
 □ U.S. License □ Staff Ministerial Specify appointment type: □ Senior / Lead Pastor □ Co-Pastor □ Assisting Minister □ NextGen Pastor □ Worship Pastor □ Chaplain □ Evangelist 	Specify: Foursquare Church Member Non-Foursquare Church M Foursquare Association Co International Attendee National Leader Sponsor / Exhibitor Other	In whater at you ember With Member Killing Kil	at capacity do you serve or church? Vorship ids outh dmin hurch Council ither;
☐ Missionary☐ Retired Minister☐ Central Office Personnel☐ District Staff	*Voting delegates must provide Please download the form at 4:	e signed confirmation from their senio sq.ca/delegate (PDF 438 KB)	or pastor.

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Special Features

Current medications and dosage _

Multiet	hnic Conne	ection + Conexión His	pana Monday, May 26 1	12:30-4:30 p.m.			
☐ Spani		oup you will attend: English)	☐ Chinese☐ Brazilian (Portugese)☐ Indonesian☐ Messianic Rabbi's Caucus				
Transla	tion Device	s for General Session	s (from English):				
	ving languages d a translation		essions. Please select one languag	е			
☐ Spani ☐ Frenc ☐ Indor	:h		☐ Portugese☐ Chinese				
"Multip	oly"Tracks	Wednesday, May 28	11:00 a.m.–12:15 p.m. aı	nd 2:00–3:15 p.m.			
This year's Multiply Tracks are an opportunity to		Please select one	track for each session to ensure	you've got a seat!	Session 1 11:00 a.m.–12:15 p.m.	Session 2 2:00–3:15 p.m	
skills as you ministry phow God YOU to M track featureffective is and will in questions track will be Kid	ust "child care" ai ms Include: N) lers* (P)	Track 2 Multiply: 1 Track 3 Multiply: 1 Track 4 Multiply: 1 Track 5 Multiply: 1 Track 6 Multiply: 1 Marion Inc. Track 7 Multiply: 1	Disciples with Francis Chan Ministry with Dave Ferguson Spirit-Life with Jack W. Hayford Churches with Ed Stetzer Young Leaders with Daniel Brown Locations (Multi-Site Campuses) w gegneri, Peter Bonanno and Jerry I The Next Generation with TBD Please Note: Grades are based *Preschoolers must be potty-tr	Dirmann nts alike on the quality of m on the grade most recentl			program.
Tweens (* Students*			**Students (12–17 years) who adult. Please contact the conve be complete and a 2014 Kids + Yery attendees" may register children (ention helpline for a discou	unted rate and instructions.		
			Last An				
	-			_			
			Last				
			DR Au				

3	First	Last			_ Gender	M F
	Program NPKTTSDOB	Any act	ivity restrictions?			
	Allergies		Contact lenses?	Y N Last tetanus shot _	/	
	Current medications and dosage					
4	First	Last			_ Gender	M F
	Program NP KTTS DOB	Any act	ivity restrictions?			
	Allergies		Contact lenses?	Y N Last tetanus shot _	/	
	Current medications and dosage					
EME	RGENCY CONTACT					
Atten	dee Name	Deletionalsia to Mine		Cell Number		
	Name	Relationship to Mino	ſ	Cell Number		
Altern	ate Contact					
	Name	Relationship to Mino	r	Cell Number		
Р	ayment					
Item	1					
	stration (see rates at top of form)			Ś		
	+ Youth program / number of children x \$50			\$		
NIUS	T Touch program / Humber of Children x \$50		-4-1 A C	*		
	make all checks payable to the International Church of the Foursau		otal Amount Due	l .		

Please make all checks payable to the International Church of the Foursquare Gospel and mail to the address below by May 9. Credit card payments can be made by registering online or by phone at 800.505.4114

Terms and Agreements

By registering for the Foursquare Connection 2014, I agree that my image may be used by The Foursquare Church in event related materials. By submitting this registration form, I agree to the cancellation policy stated below. By registering for convention, I agree to receive periodic emails from The Foursquare Church. I will have the option to opt out at any time; my information will not be shared with a third party.

Registration Cancellations

Request for registration refund/cancellation must be received in writing or post-marked by May 9, 2014. All refunds are subject to a \$35 processing fee. Phone cancellations will not be accepted. Registrations are non-transferrable.

Please submit form to:

Fax 801.355.0250

Mail 175 S. West Temple, Suite 30, Salt Lake City, UT 84101

Telephone 877.423.4633 (option no. 1)