

# CONFERENCE REGISTRATION FAX FORM



**Event:** Revolution 2010 Conference/Concert

**Date:** February 25-27, 2010

|               |                                    |               |  |
|---------------|------------------------------------|---------------|--|
| <b>To:</b>    | Revolution 2010 office             | <b>From:</b>  |  |
| <b>Fax:</b>   | 714.541.5541                       | <b>Pages:</b> |  |
| <b>Phone:</b> | 714-834-9331                       | <b>Date:</b>  |  |
| <b>Re:</b>    | Revolution 2010 Conference/Concert | <b>CC:</b>    |  |

Please fill out the following information (please print clearly):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Church/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Church/Organization Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Other Contact Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Please list the first name; last name and language of all people being registered (please print clearly). Please fax additional forms as necessary.

| #               | First Name | Last Name | Language<br>(Select One)   | Conference,<br>Uth Track<br>and Concert<br>Only \$25 | Concert Only<br>w/En Espiritu<br>y En Verdad<br>\$20 | Sub Total |
|-----------------|------------|-----------|--|--|--|-----------|
| 1               |            |           | <input type="checkbox"/> Spanish<br><input type="checkbox"/> English | <input type="checkbox"/> \$25                        | <input type="checkbox"/> \$20                        |           |
| 2               |            |           | <input type="checkbox"/> Spanish<br><input type="checkbox"/> English | <input type="checkbox"/> \$25                        | <input type="checkbox"/> \$20                        |           |
| 3               |            |           | <input type="checkbox"/> Spanish<br><input type="checkbox"/> English | <input type="checkbox"/> \$25                        | <input type="checkbox"/> \$20                        |           |
| 4               |            |           | <input type="checkbox"/> Spanish<br><input type="checkbox"/> English | <input type="checkbox"/> \$25                        | <input type="checkbox"/> \$20                        |           |
| 5               |            |           | <input type="checkbox"/> Spanish<br><input type="checkbox"/> English | <input type="checkbox"/> \$25                        | <input type="checkbox"/> \$20                        |           |
| 6               |            |           | <input type="checkbox"/> Spanish<br><input type="checkbox"/> English | <input type="checkbox"/> \$25                        | <input type="checkbox"/> \$20                        |           |
| 7               |            |           | <input type="checkbox"/> Spanish<br><input type="checkbox"/> English | <input type="checkbox"/> \$25                        | <input type="checkbox"/> \$20                        |           |
| <b>TOTAL \$</b> |            |           |  |  |  |           |

**GROUP DISCOUNTS AVAILABLE; CALL OR EMAIL FOR MORE INFO.**

**FOR REGISTRATION PAYMENTS:**

- 1) **Mail:** Fill out this form and mail along with your **check** (registrations paid in full) to -  
Templo Calvario, c/o Rev 2010, 2501 W. 5<sup>th</sup> Street, Santa Ana, CA 92703
- 2) **By phone with a \*credit card (Visa or MasterCard)**  
Call Templo Calvario at (714) 834-9331, M-Th. 8:30 am – 5:00 pm (PST).

**\*ALL REGISTRATION PAYMENTS ARE TRANSFERRABLE BUT NON-REFUNDABLE.**

**Have questions? Call us at Templo Calvario: (714) 834-9331, M-Fri. 8:30 am – 5:00 pm (PST)**