ASSEMBLIES OF GOD INDIA FELLOWSHIP OF NORTH AMERICA

29th Family Conference - Fort Lauderdale, Florida @ July 29-August 01, 2027

Marriot CoralSprings Hotel & Convention Center, 11775 Heron Bay Blvd, Coral Springs, Florida 33076

Theme: Cross Over to Take Over (Mark 4:35,36)

REGISTRATION FORM

Name:						Mr.__Mrs.__ Ms. __ Rev.__ Dr.__	
Address:		City:		State:		Zip:	
Telephone:	(Home)		(Cell)			Con:	USA / CANADA
Email:			Church:			English / Malayalam	

Attendees (Age 13 & up)			Attendees (Age 5 thru 12)		
Name:		M | F	Name:		M | F
Name:		M | F	Name:		M | F
Name:		M | F	Name:		M | F
Name:		M | F	Name:		M | F

	Early Call			Final Call			Please mark the required		# of Days		Amount Payable
	Rates before Jan 31st, 2027			Rates after Jan 31st, 2027							
Rate	3 Days Thu - Sun	2 Days Fri - Sun	1 Day Sat - Sun	3 Days Thu - Sun	2 Days Fri - Sun	1 Day Sat - Sun					
Hotel Room / 2 Adults	USD 477	USD 318	USD 159	USD 507	USD 338	USD 169		X		=	
Food per person (Age 13 & up)	USD 330	USD 220	USD 110	USD 360	USD 240	USD 120		X		=	
Food per person (Age 5 thru 12)	USD 255	USD 170	USD 85	USD 255	USD 170	USD 85		X		=	
Registration per person (Age 5 & up)	USD 30									=	
Children 4 & Under	Free						Subtotal				

Sponsorship						
Category	**USD**	**#Rooms**	**# Meals**	**# Reg**	**Song Book Adv.**	**Stall**
General	**$ 1,500**	**1**	**2**	**2**		
Bronze	**$ 2,000**	**1**	**2**	**2**	**Half Page**	
Silver	**$ 3,000**	**1**	**4**	**4**	**Half Page**	
Gold	**$ 5,000**	**2**	**6**	**6**	**Full page**	**1**
Platinum	**$ 7,500**	**3**	**10**	**10**	**Full page**	**1**
Diamond	**$ 10,000**	**4**	**12**	**12**	**Full page**	**1**
Grand	**$ 25,000**	**Customized Package**				

Donation	
Sponsorship	
Total	
Advance ($500 Min.)	
Balance	

Please make checks payable to **AGIFNA 2027**. Please mail the completed form/s along with payment to:
Pr. Yohannan Panicker, 15600 Lance Point Place, Davie, FL 33331, USA

For more information

Pr. Yohannan Panicker (Sam)	**Pr. George Abraham**	**Br. Benson Mathew**
National Convener	National Secretary	National Treasurer
954-314-8888	203-395-7075	647-700-5113

www.agifna2027.com || email: agifna2027@gmail.com

As an AGIFNA 2027 Conference participant, I acknowledge my responsibility for safety, liability, and medical coverage in emergencies for myself and my family.
I will not hold the Conference officials or attendees accountable and accept sole responsibility for damages to the venue caused by me or my family.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Payment Method: ☐ Credit card ☐ Cash ☐ Check #: _____ Date Recv'd: _____
Entered on: _____ Entered By: _____

Registration No.