



2019 Holy Convocation/FAIM Convention

Registration Form
Bishop W. J. Matheney
Jurisdictional Prelate

**JULY 21-26
2019**

New Port Richey, Florida

Confirming Party: (First Name, Last Name)

Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Host Hotel:
FAIRFIELD INN & SUITES
3060 US HIGHWAY 19N
HOLIDAY, FL 34691
727-722-9500
\$98.00/Night

PLATINUM \$100.00 (SOUVENIR JOURNAL/PADFOLIO/5 REPASTS)

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

Youth \$25.00 (Ages 13 - 18) All Activities

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

BRONZE \$75.00 (SOUVENIR JOURNAL/PADFOLIO)

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

Children \$15.00 (Ages 5 - 12) All Activities

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

BISHOP'S 10/75 CELEBRATION

Adults \$30.00/Youth \$10.00 #Adults _____ #Youth _____

\$ _____
Total

SOUVENIR JOURNAL FULL PAGE AD \$100
Deadline: July 1, 2019

Send Camera Ready to:
sharonvsheppard@gmail.com

Payment Method

Cash _____ Check _____ Card # _____
Exp. Date ____ / ____ Sec. _____ CC Billing Zip. _____

\$ _____
Total Payment



Register Online @ www.westernflcogic.org

Mail to:
Western Florida Jurisdiction
4820 Floramar Terrace
New Port Richey, FL 34652

**CONVENTION
SERVICES**
MS. SHARON SHEPPARD
850.212.8120