

Queen Esther Ministries
15TH ANNUAL
Women's Retreat 2009
MAY 8-9

REGISTRATION FORM (One form per person)

Date ____ / ____ / ____

REGISTRANT INFORMATION (please print)	
NAME: _____	
(First)	(Middle)
(Last)	
ADDRESS: _____	
CITY/STATE: _____	ZIP: _____
PHONE: (Home) _____	(Work) _____
E-MAIL: _____ (Cell) _____	
(Your confirmation will be sent to your email address)	

Check here if you require a handicap room Check here if you require special diet

Roommate (s): 1) _____ 2) _____ 3) _____

<p>*RATES (check one)</p> <p><input type="checkbox"/> \$430.00 Single Occupancy</p> <p><input type="checkbox"/> \$310.00 Double Occupancy per person</p> <p><input type="checkbox"/> \$250.00 Triple Occupancy per person</p> <p><input type="checkbox"/> \$230.00 Quad Occupancy per person</p> <p><i>*Includes registration materials, 2 nights & 5 meals</i></p>	<p>REGISTRATION GUIDELINES</p> <p>* 1/3 deposit due on or before January 31</p> <p>* No refunds or exchanges after March 1</p> <p>* The retreat is open to all women ages 18 and over (no children)</p> <p>* Final payment due on or before March 31</p>
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QEM TEE-SHIRT: \$17 each
 ____ Sm ____ Med ____ LG ____ XL ____ 2X ____ 3X ____ 4X ____ 5X

TOTAL AMOUNT PAID: \$ _____

Check Here: **Yes, I would like to participate on the Praise Dance Team**
 Yes, I would like to participate on the Retreat Choir

Check One: Check (payable to QEM) Visa MasterCard Discover Money Order

Credit Card #: _____ Expiration Date: _____

Name on Card: _____ Signature _____
 Please print

THREE WAYS TO REGISTER	
1.	Mail registration form and a check or credit card information to: Queen Esther Ministries 10303 Winstead Court, Woodstock, MD 21163 by the due dates.
2.	Fax completed registration form with credit card info to: 410-750-2484.
3.	Register online at www.nlpm.org.

Data Entry _____
 Initial _____ Date _____