



King's Apostle Church World Ministries, Inc.

HEADQUARTERS: 708 BESTGATE ROAD* ANNAPOLIS, MARYLAND 21401

PHONE: 410-266-7946

APOSTLE WILBERT L. BALTIMORE, PRESIDING PRELATE

2017 General Convocation Registration Form

PLEASE SUBMIT SEPARATE FORM FOR EACH REGISTRANT

- Bishop Presiding Elder Senior Pastor Elder Deacon
 Apostle Mr. Mrs. Miss Ms

Full Name	PLEASE PRINT
Position Title (if National Officer)	
Street Address	
City, State Zip Code	
Church Name	
Church Address	
Daytime Phone	
Email Address	

REGISTRATION TYPE	FEE	Amount Enclosed
SENIOR ADULT (Ages 75 & older)	FREE	\$0.00
ADULT & YOUNG ADULT (Ages 18-74)	\$40.00	
TEENS (Ages 13-17)	\$20.00	
YOUTH (Ages 5-12)	\$10.00	
CHILDREN (Ages 0-4)	FREE	\$0.00

ATTENTION YOUTH & YOUNG ADULTS

: For the purpose of scheduling classes, please check your appropriate age range

- 2-5 yrs. 6-8 yrs. 9-11 yrs. 12-13 yrs. 14-18 yrs. 19-25 yrs.

Registration Information

Registration is from May 15, 2017 - July 3, 2017.

Registration and Payment must be received by this date.

To register, print or type and complete all sections of the form that follows. You may register for all listed events and pay with one check. However, please use a separate registration form per person.

All forms must be completed and returned with payment (US funds) or credit card information. **Registration forms must be Post Marked by Monday, July 3rd in order to be processed.** After July 3rd, registrations and payments will be received on-site.

PAYMENTS:

If Paying by Check or Money Order, Make Payable to **K.A.C.W.M**

2 WAYS TO REGISTER:

ONLINE: www.kingsapostleonline.org

BY MAIL:

Send form and payment to:
King's Apostle Church World Ministries (KACWM)
ATTN: Roslyn Porter
**P.O. Box 6298,
Annapolis, MD 21401**

If you have not submitted your regular registration by 7/3/17, please utilize the On-Site Registration.

NOTE: Registration **CANNOT** be taken in person!

CANCELLATION POLICY:

Registrations cannot be cancelled once they are processed. If registration is cancelled before processed, a handling fee of \$15 for each item cancelled will be assessed. Cancellation requests must be in writing. Refunds will be processed after the close of the conference, August 1, 2017.

Credit Card Authorization on page 2 ➤



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Full Name	PLEASE PRINT
Total from Page 1	\$ _____

Credit Card Authorization

Total Amount: to be charged \$ _____

Name (As it appears on Credit Card): _____



Credit Card Type: _____

Credit Card Number: _____ - _____ - _____

Exp. Date: ____/____/____ Credit Card Verification Number: _____
(3 digits on back of card for VS/MC/DS – or 4 digits on front of AMEX)

Signature: _____ Date: _____

If using a credit card, you must sign otherwise charges will not be processed

PLEASE PRINT AND SIGN CLEARLY FOR PROPER PROCESSING

FOR OFFICE USE ONLY

Date Received: _____

Date Processed: _____

Processed by: _____

CC Authorization Number: _____

Check/MO No: _____

Amount: \$ _____