



# King's Apostle Church World Ministries, Inc.

HEADQUARTERS: 135 STEPNEYS LANE\* EDGEWATER, MARYLAND 21037

PHONE: 410-266-7946

APOSTLE WILBERT L. BALTIMORE, PRESIDING PRELATE

# 2019 General Convocation Registration Form

PLEASE SUBMIT SEPARATE FORM FOR EACH REGISTRANT

- Apostle    Bishop    Presiding Elder    Senior Pastor    Elder  
 Deacon    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 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 6, 2019- July 15, 2019.**

**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 15th to be processed.** After July 15th, 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](http://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 7/15/19, please utilize the On-Site Registration.

#### 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, 2019.

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: \$ \_\_\_\_\_