
REGISTRATION FORM

ONE registrant per form (*make copies for additional registrants*)
Group registration (*5 or more*) must be sent together

Please print:

Name _____

Address _____

City _____

State _____ Zip _____

Day phone _____

Evening phone _____

Payment

- Care Conference Care-iffic Saturday only
 Banquet only

Check (Payable to Crystal Cathedral)

Check # _____

Driver's License # _____ Exp. _____

Credit Card

- MC Visa Amex Discover

Credit Card # _____ Exp. _____

Total: \$ _____ Signature: _____

If your registration is received within two weeks of the
Conference, a confirmation *will not* be mailed to you.

4 WAYS TO REGISTER:

Phone: 714-544-5679 Fax: 714-704-5080

Web: www.careministry.org

Mail: Reservations – Crystal Cathedral
 12141 Lewis Street
 Garden Grove, CA 92840

Information: 714-971-4031

8442.01.07

**CARE &
KINDNESS**
Conference