

**EFCA Southeast  
2010 Pastor & Wives Retreat, Orlando, FL  
November 4-6, 2010  
Registration Form**

Pastor Name \_\_\_\_\_

Spouses Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Church Name \_\_\_\_\_

Hotel Room Preference (not guaranteed):  1 King Bed       2 Double Beds

Please send this form with a check payable to *EFCA Southeast* for the following amount

- \$175 if postmarked by September 30
- \$195 if postmarked October 1 or later

OR

Charge the above amount to my Credit Card:  Visa     Master Card     Discover

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

3-digit card verification # on back of Card: \_\_\_\_\_

Credit Card Holders Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send this completed form to:

EFCA Southeast  
13245 Atlantic Blvd. 4-276  
Jacksonville, FL 32225