



Church of Our Lord Jesus Christ of the Apostolic Faith, Inc.  
Dr. Shannon Smith, IWC President

**69<sup>th</sup> International Women's Council Convention FOR  
2020 ENROLLMENT FORM**

Marriott Hotel, 299 North Church Street, Spartanburg, SC 29306

Thursday, October 8 ~ Sunday, October 11, 2020

(Pre-Convention Activity: Wednesday, October 7, 2020)

Deadline for Enrollment: September 1, 2020 (Form must be **POSTMARKED** by this date.)

After the September 1, 2020, you must register at the IWC Conference and On-Site rates will apply.

|                                      |                                 |                                  |  |           |  |
|--------------------------------------|---------------------------------|----------------------------------|--|-----------|--|
| FULL NAME:<br>(LAST, FIRST & MIDDLE) |                                 |                                  |  |           |  |
| ADDRESS                              |                                 |                                  |  |           |  |
| CITY:                                |                                 | STATE:                           |  | ZIP CODE: |  |
| HOME PHONE:                          |                                 | CELL PHONE:                      |  |           |  |
| EMAIL ADDRESS:                       |                                 | REFERRED BY IWC<br>STAFF MEMBER: |  |           |  |
| LOCAL CHURCH:                        |                                 |                                  |  | PASTOR:   |  |
| DIOCESE:                             |                                 | DIOCESAN BISHOP:                 |  |           |  |
| ARRIVAL DATE:                        |                                 | DEPARTURE DATE:                  |  |           |  |
| AGE: _____                           | DATE OF BIRTH: MONTH/YEAR _____ | (for statistical purposes only)  |  |           |  |

**REGION** (Please check the COOLIC Region to which you belong)

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <input type="checkbox"/> <b>Region I</b>   | <input type="checkbox"/> <b>Region II</b>   | <input type="checkbox"/> <b>Region III</b> | <input type="checkbox"/> <b>Region IV</b> | <input type="checkbox"/> <b>Region V</b>  | <input type="checkbox"/> <b>Region VI</b>  |
| Apostle Henry A. Moultrie                  | Apostle Robert Sanders                      | Apostle Fred Rubin                         | Apostle James I. Clark, Jr                | Apostle Raymond Keith                     | Apostle James Maye                         |
| <input type="checkbox"/> <b>Region VII</b> | <input type="checkbox"/> <b>Region VIII</b> | <input type="checkbox"/> <b>Region IX</b>  | <input type="checkbox"/> <b>Region X</b>  | <input type="checkbox"/> <b>Region XI</b> | <input type="checkbox"/> <b>Region XII</b> |
| Apostle Matthew Norwood                    | Apostle Walter Jackson                      | Apostle Bradford Berry                     | Apostle Gentle Groover                    | Apostle Herbert Edwards                   | Apostle Ronnie Parson, Sr                  |

| SELECT                          | REGISTRATION PACKAGE                               | PRE-ENROLLMENT<br>(SEPTEMBER 1, 2020 DEADLINE) | ON-SITE  | NAMES OF ALL PERSONS INCLUDED<br>IN THIS REGISTRATION:<br>1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____<br>6. _____ |
|---------------------------------|--|--|----------|--|
| <input type="checkbox"/>        | INDIVIDUAL PACKAGE                                 | \$55.00  | \$60.00  |  |
| <input type="checkbox"/>        | HUSBAND AND WIFE PACKAGE<br>(IWC MEMBER & BOOSTER) | \$100.00                                       | \$110.00 |  |
| <input type="checkbox"/>        | SENIORS 70 YEARS AND OVER                          | \$50.00  | \$55.00  |  |
| <input type="checkbox"/>        | YOUTH ACADEMY<br>(Ages:12-19) under age 12 (free)  | \$20.00  | \$25.00  |  |
| TOTAL REGISTRATION DUE \$ _____ |  |  |          |  |

MAKE CASHIER'S CHECKS, CHURCH CHECK, PERSONAL CHECKS, OR MONEY ORDER PAYABLE TO "IWC"

Note: Personal checks accepted with your signature to the following statement: I agree to allow IWC to withdraw a \$20 fee from my checking account if my check is returned for insufficient funds.

Agreement Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail Enrollment form and payment to: International Women Council

ATTN: Registration Committee, P.O. Box 192, Thomson, GA 30824

**FOR OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE**

|                      |                 |                       |              |           |
|----------------------|-----------------|-----------------------|--------------|-----------|
| DATE REC'D:<br>_____ | PAYMENT METHOD: | CASHIER'S CHECK /M.O. | CHURCH CHECK | RECEIPT # |
|----------------------|-----------------|-----------------------|--------------|-----------|