

Church of God Southern New England Women's Conference 2025

March 27-29, 2025

Conference Hotel Location: Stamford Marriott Hotel & Spa, 243 Tresser Blvd, Stamford, CT 06901

Theme: "Coming Back to the Heart of Worship"

Please Print

*Name of Local Church: _____

*Group Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

*Email address: _____

*Number of Delegates with this Form: _____ * Number of Rooms: _____

Method of Payment

Money Order:_____ Church Check:_____ Cash:_____ Amount:_____

Make all checks payable to SNEWMCOG

Conference Registration Fee

FIRST DEPOSIT DUE BY **JANUARY 5, 2025**, AND BALANCE BY **MARCH 5, 2025**. ALL REGISTRATIONS POSTED WITH THIS FORM A \$100.00 DEPOSIT IS REQUIRED FOR EACH PERSON IN THE ROOM.

GIRLS 4-12 YEARS OLD – REGISTRATION IS \$95.00.

Please mail registrations to: Church of God SNE WM P.O. Box 675 Bloomfield, CT 06002

Fee Includes: conference materials, 2 nights hotel stay, Friday breakfast, Friday Dinner, and Saturday morning breakfast.

*1 per room - \$360.00 per person – King Bed
2 per room - \$255.00 per person – King Bed
3 per room - \$235.00 per person – King & Rollway Bed
4 per room - \$235.00 per person – Double Beds*

Also, T-Shirts cost is \$15 for Sizes SM—XL and \$18 for Sizes 2XL—3XL.

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First Deposit of \$100.00 per Person is due no later than January 5, 2025, and the balance due by March 5, 2025

There will be no refund for cancellation 60 days prior to the Conference.

STATE OFFICE USE ONLY

Date Received: _____ Amount Due: _____ Amount Received: _____ Balance Due: _____

Room 1

Last Name	First Name	Conference Fee	Deposit	Balance Due
Subtotal this group				

Room 2

Last Name	First Name	Conference Fee	Deposit	Balance Due
Subtotal this group				

Room 3

Last Name	First Name	Conference Fee	Deposit	Balance Due
Subtotal this group				

Room 4

Last Name	First Name	Conference Fee	Deposit	Balance Due
Subtotal this group				

Room 5

Last Name	First Name	Conference Fee	Deposit	Balance Due
Subtotal this group				

Room 6

Last Name	First Name	Conference Fee	Deposit	Balance Due
Subtotal this group				

Room 7

Last Name	First Name	Conference Fee	Deposit	Balance Due
Subtotal this group				

Room 8

Last Name	First Name	Conference Fee	Deposit	Balance Due
Subtotal this group				

Room 9

Last Name	First Name	Conference Fee	Deposit	Balance Due
Subtotal this group				

Room 10

Last Name	First Name	Conference Fee	Deposit	Balance Due
Subtotal this group				

Room 11

Last Name	First Name	Conference Fee	Deposit	Balance Due
Subtotal this group				

Room 12

Last Name	First Name	Conference Fee	Deposit	Balance Due
Subtotal this group				