BELOVED
2012 Retreat Registration Form

Name : ____

Street Address: ____

City: ______________________________ State: ______________ Zip: ________________________

Phone: _____________________________ Email: ____

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1. Cost of Retreat is **$139** per person if registered **BY January 31, 2012**. Cost of Retreat is **$149** per person if registered **AFTER January 31, 2012**.
2. MAIL completed form(s) with ONE CHECK for the TOTAL AMOUNT made payable to Beloved Ministries to 8005 Depford Way Cumming GA 30041.
3. To pay via credit card, complete and return the Credit Card Authorization form instead of mailing a check.

Retreat Registration Cancellation Policy
Registration is non-refundable less than 30 days prior to the event. For refunds prior to the 30-day period before the event, send complete information to Beloved Ministries 8005 Depford Way Cumming GA 30041. Refund requests must be postmarked before the 30-day period prior to the event. Customers will be charged a $10 fee for each registration refunded. If you registered through a church, group or individual, you must contact them regarding refunds. Refunds are not granted within the 30-day period prior to the event.

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CREDIT CARD AUTHORIZATION
(complete and return if applicable)

Group Name (if applicable): ____

Cardholder's Name: ____

Address (where cc bill is mailed): ____

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Phone: ____

Total Amount Authorized: $ ______________________

Card Type (please circle): **VISA** **MASTERCARD** **DISCOVER**

Card Number: ____

Expiration Date: _________ **/** _________ **Code from Back of Card:** _______________

Cardholder's Signature: ____

Date: ____