

REGION 1 DEPARTMENT OF EVANGELISM

GEORGIA & SOUTH CAROLINA

SUPT. RAYMOND W. RANDLE, SR., MDIV. | REGIONAL PRESIDENT
EVANGELIST PAULINE MOTEN | ELECT LADY

www.idoeregion1.org



Please **PRINT CLEARLY**. | Complete **ONE** form for **EACH** registrant.

REGISTRANT INFORMATION

TITLE

NAME (*First & Last*)

MAILING ADDRESS

CITY, STATE ZIPCODE

PHONE NUMBER (*Optional*)

EMAIL ADDRESS (*Used for registration confirmation & additional info*)

JURISDICTION

JURISDICTIONAL PRELATE

PAYMENT INFORMATION

☐

CASH

☐

CHECK (*Payable to Region 1 IDOE*)

☐

CREDIT CARD __ VISA __ MC __ AMEX

☐

BASIC REGISTRATION \$40.00

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TRAVEL PACKAGE (*includes Basic Registration*)

__ \$150.00 double occupancy

__ \$205.00 single occupancy

CARD NUMBER

CARD SECURITY CODE (*3 or 4 digits*)

CARDHOLDER'S NAME

EXPIRATION DATE

CARD BILLING ADDRESS

AUTHORIZED SIGNATURE

INTERNAL USE ONLY

AMOUNT RECEIVED

BALANCE DUE