



# Stamford Marriott and Spa

Friday, October 10-12, 2025

## REGISTRATION FORM

Please use this form for all registrations.

Name of Local Church: \_\_\_\_\_

Group Leader/Contact Name: \_\_\_\_\_  
(This is the person who will receive all registration correspondence and confirmations.)

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Total Number of Delegates Registering with this Form: \_\_\_\_\_

Conference Deposits/Fees Paid with this Form: \$ \_\_\_\_\_

T-shirts must be ordered online at [www.nycog.net](http://www.nycog.net).

TOTAL AMOUNT INCLUDED WITH THIS FORM: \$ \_\_\_\_\_

To receive this rate, a **\$100.00 deposit (per person)** must be received into the State Office by **June 13<sup>th</sup>, 2025** & the balance must be paid in **full by September 13, 2025.**

Four per Room: 2 Beds	\$370
Three per Room: 2 Beds	\$395
Two per Room:	\$425
Single Room	\$575

### METHOD OF PAYMENT

- Check # \_\_\_\_\_  Money Order \_\_\_\_\_  Zelle to [nywd@nycog.net](mailto:nywd@nycog.net) \_\_\_\_\_  
 CC \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Checks **must be** made payable to: **Church of God**

If paying by Credit Cards, an additional 4% fee will apply

Please refer to FACT SHEET for complete details regarding conference fees and deposits. A **minimum deposit of \$100.00 per person must accompany this registration form** by June 13<sup>th</sup>, 2025. **Balance must be paid in full by September 13, 2025.**

*Mail completed registration form along with deposits to*

New York Church of God, Women's Discipleship Department, 1 Hemlock Drive, Farmingdale, NY 11735  
Tel: 516/694-5570 x11/12 Fax: 516-454-9085 Email: [nywd@nycog.net](mailto:nywd@nycog.net) Website: [www.nycog.net](http://www.nycog.net)

**- PLEASE PRINT -**

*(If you are registering more than six (6) rooms, please copy this page to register additional rooms.)*

ROOM #____	Last Name	First Name	Phone Number	<u>Column 1</u> Deposit	<u>Column 2</u> Total Conference Fee	<u>Column 3</u> Balance Due (Balance Due minus Deposit)
1.						
2.						
3.						
4.						

ROOM #____	Last Name	First Name	Phone Number	<u>Column 1</u> Deposit	<u>Column 2</u> Total Conference Fee	<u>Column 3</u> Balance Due (Balance Due minus Deposit)
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