



Stamford Marriott and Spa

Friday, October 9-11, 2026

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: \$ _____

To receive this rate, a **\$100.00 deposit (per person)** must be received into the State Office by **May 15th, 2026** & the balance must be paid in **full by September 11, 2026.**

Four per Room: 2 Beds	\$370
Three per Room: 2 Beds	\$395
Two per Room:	\$425
Single Room	\$580

T-SHIRT COST \$20

SMALL _____ MEDIUM _____ LARGE _____ XLARGE _____ 2XL _____

TOTAL AMOUNT INCLUDED WITH THIS FORM: \$ _____

METHOD OF PAYMENT

- Check # _____
 Money Order _____
 Zelle to 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 May 15th, 2026. Balance must be paid in full by September 11, 2026.**

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

Website: 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	Column 1 Deposit	Column 2 Total Conference Fee	Column 3 Balance Due (Balance Due minus Deposit)
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- 1.
- 2.
- 3.
- 4.

ROOM #___	Last Name	First Name	Phone Number	Column 1 Deposit	Column 2 Total Conference Fee	Column 3 Balance Due (Balance Due minus Deposit)
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- 2.
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- 1.
- 2.
- 3.
- 4.

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