

NEW AWAKENING 2011 (July 6~9, Philadelphia Convention Center, PA)

Registration Form



PERSONAL INFORMATION

First Name _____ Last Name _____ Gender: M / F Date of Birth: (mm/dd/yy) ____/____/____

Daytime Telephone _____ Evening Telephone _____ E-mail Address _____

HOME ADDRESS:

Street _____

City _____ State _____ Zip _____ Country _____

I am a(n) ... (Choose one)

- Elementary School Student Middle School Student High School Student College Student Graduate Student
- Professor Professional (English Speaking) Professional (Korean Speaking) Pastor Pastor's Spouse
- Other (English Speaking) Other (Korean Speaking)

Choose a track to be a part of: (Choose one)

- 3-year-old to Kindergarten Primary Kids (1st grade to 3rd grade) Grade to be in Fall 2011 _____
- Upper Kids (4th grade to 6th grade) Grade to be in Fall 2011 _____
- Youth (7th grade to 12th grade) Grade to be in Fall 2011 _____
- College Professionals Family Pastors (English Speaking)

한국어 트랙(Korean Speaking Tracks):

- 가정 QT(말씀묵상) 선교 중보기도 청년
- 목회자 목회자 사모 Jesus Healing & Health (예수 치유와 건강)

CHURCH INFORMATION

Name of Church/Organization _____ Street _____ City _____ State _____ Zip _____

Name of the Pastor _____ Church Phone _____ E-mail Address _____

PAYMENT INFORMATION

Enclosed Amount: \$ _____

Method of Payment:

- Credit card (Visa / Master card)
- Check
- Money Order
- Check/Money Order # _____

Name (as appears on the credit card):	
Credit Card No. _____	exp _____ / _____
Billing Address _____	
Signature _____	Date _____

I personally assume responsibility for my actions and release Jesus Awakening Movement for America (hereafter JAMA), its Board of Directors, officers, employees and agents from loss, injury or damage to myself or my property provided that nothing contained herein shall excuse JAMA, its Board of Directors, officers, employees, and agents from responsibility to act with reasonable care for the health and safety of myself or my property. Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through the Institute of Christian Conciliation. I certify that I have agreed to this release voluntarily.

Applicant's Signature _____ Date _____

For those under 18 (or under 19 in Alabama) go to www.jamanewawakening.com to download the medical release/liability consent form. Completed liability consent/medical release form required for registration.

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