

REGISTRATION FORM

FREEDOM CONCLAVE AND ACROPOLIS SOPHIA® 2009

Name _____ Sheraton Room Number _____
 Spouse _____ Child _____

Please fill out ONLY if there is a change from your previous information:

Telephone _____ Email _____
 Address _____
 City/State/Zip or Postal Code _____ Country _____

Please check this box if this is the first Temple of The Presence Conference that you are attending and let us know how you heard about The Temple. _____

Family Member Emergency Contact (Required): Name _____
 Relationship _____ Telephone _____

Transportation & Lodging

How many nights are you staying at the Sheraton? _____ nights *(As a thank you, for each night you stay at the Sheraton, you will receive a \$5.00 gift certificate to purchase bookstore products produced by The Temple.)*

I need transportation to the Conference banquet? Yes No

I am willing to offer a ride to the Conference banquet for _____ number of people.

Acropolis Sophia Students

a. You are responsible for your transportation. Whenever possible, we will help coordinate rides with drivers of rented cars.

b. Please indicate any dietary preferences: No dairy No wheat No soy

Freedom Conclave

Wednesday, July 1 - Sunday, July 5, 2009

Number of adults registering # _____

\$ 200.00 Full Conference \$ _____

\$ 50.00 By the day (circle): WED THURS FRI SAT SUN _____

\$ 27.00 July 4 (circle): Breakfast \$5 Lunch \$7 Picnic \$15 _____

\$ 20.00 July 4 Child (age 10 & under): Breakfast \$5 Lunch \$7 Picnic \$8 _____

Please make all payments payable in U.S. currency.

Acropolis Sophia

Monday, July 6 - Sunday, July 12, 2009

(Acropolis attendees must be present July 4th and 5th of the Conference program and submit the Acropolis Sophia application form.)

\$ 555.00 Tuition _____

\$ 115.00 Lunches/Dinners/Acropolis Sophia Banquet _____

Fleur-de-Lys Chapelle Donation: New Apply to existing pledge

Internet Broadcast Support: _____

Tithe: _____

Total: _____

Check # _____	
Credit Card # _____ Exp _____	
Cash _____	
TOTAL:	\$ _____