

**2017 IRON SHARPENS IRON MEN'S CONFERENCE
REGISTRATION FORM
Saturday -- October 14, 2017
London Bridge Baptist Church (VA Beach, VA)**



THREE WAYS TO REGISTER:

- INTERNET: Use credit card for registration www.gatheringofmen.com
- MAIL: With a check payable to "GOM" or credit card (see Step 4)
- PHONE: Call us at (757) 599-4008 with your credit card information and registration information.



CONTACT INFORMATION: Your Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

In what capacity are you serving? ___ Pastor; ___ Men's Leader; ___ Church Staff;
___ Small Group Leader; ___ Other: _____

Church Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____



REGISTRATION: Please complete pricing information:

Early Registration - Group Rate # of men (_____) X \$44 per person = \$ _____
(10 or more men registered and paid together. Registration must be received by Monday, October 2, 2017)

Early Registration - Individual Rate # of men (_____) X \$53 per person = \$ _____
(Paid registration must be received by Monday, October 2, 2017)

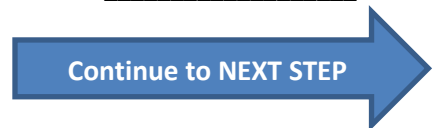
Standard Registration **after Monday, October 2, 2017** ... # of men (_____) X \$59 per person = \$ _____

Young Men (ages 13-22) (anytime)..... # of men (_____) X \$29 per person = \$ _____

Optional Box Lunch (optional but highly recommended).. # of men (_____) X \$8 per person = \$ _____

Additional ministry gift to GOM: (Tax deductible. Receipt will be provided) \$ _____

Total Registration: \$ _____



**2017 IRON SHARPENS IRON MEN'S CONFERENCE
REGISTRATION FORM CONTINUED
Saturday, October 14, 2017
London Bridge Baptist Church (Virginia Beach, VA)**



PAYMENT: Please check the appropriate box and complete the billing information below.

- My check or money order **made payable to "GOM"** is enclosed.
- Please bill my credit card:

Card holder name: _____

Account No.: _____ - _____ - _____ - _____ Exp. Date: ____/____/____ CCV# _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone number: (____) _____ - _____ Email: _____

Card Holder's Signature (*Required for processing) _____



MAIL REGISTRATION: Please mail this form along with list of men attending to:
Gathering of Men, 374-B Wythe Creek Road, Poquoson, VA 23662

Name (print clearly)	Address or Email	Student Yes/No	Lunch Yes/No	Amount Paid
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

* For additional names, you can copy this page.

Please Note: THERE ARE NO REFUNDS ON REGISTRATIONS --- Speakers have committed to ISI. During the conference video and still photographs are taken. Registration constitutes permission for ISI to use video and photographs taken on site. ISI conferences will be held regardless of weather conditions. Consequently, there are no refunds due to weather related problems. **If you have any questions, please call us at (757) 599-4008.**