

2010 Worship Seminar with Darlene Zschech Worship Revolution, May 11-13, 2010

This seminar is especially designed to enrich the ministry of pastors and church worship team members. In order to facilitate our desire to involve as many churches as possible in this unique opportunity for renewal, fellowship, and learning, the following attendance requirements and procedures do apply:

Requirements for Attendance:

- This seminar is open to *active worship pastors, worship leaders and worship team members*. It is also open to *senior pastors*, who may be accompanied by his or her spouse.
- *The position (or role) of each worship team member* who is planning to attend ***must be detailed on the application form***. (One, or more, application forms may be submitted for each team.)
- *Senior pastors will be asked to verify (by signature) that each registrant is an active member of the worship team*. (Due to limited enrollment space, spouses other than the pastor's spouse are invited to attend only if they are a part of the worship team.)
- *One designated contact person should be identified* to assist with any questions that may arise regarding all attendees from that church. The contact person may be one of the attendees or another member of the church staff.

Prepayment and Deposit Information:

- The seminar fee is **\$274 per person** and includes program, materials, and meals. (Please see reservation form for applicable on-property lodging rates.) Lodging in our inns is subject to space availability.
- ***A seminar deposit of \$75 per person must accompany each reservation. Any remaining program and lodging fees may also be paid at that time and must be paid in full by April 9, 2010—no less than 30 days prior to your scheduled arrival. Failure to prepay 30 days in advance will result in the loss of your deposit and cancellation of your program/lodging space. Most cancellation requests received prior to the 30-day deadline are eligible for a full refund. A refund of payments received, less your deposit may be requested up to two weeks prior to the start of your event. No refunds will be made less than two weeks prior to the event; however, your deposit may be transferred to another event in the same or following calendar year.***
- If a form is faxed and no credit card number is provided, we allow 10 days for the deposits to be received by mail. If the deposits are not received, the reservation will be cancelled.
- *Completed reservations* will be accepted in the order in which they are received.
- Due to the unique reservation requirements, we ask that you please complete the registration form and *mail or fax* to:

**Billy Graham Training Center
Attn: Worship Seminar
PO Box 19223
Asheville, NC 28815
Fax # (828) 299-0276**

2010 Worship Seminar Application Form (continued)

Please complete church name and contact person information below to ensure your request is processed.

Church Name: _____

Contact Person: _____

SEMINAR FEE \$274 (per person)

LODGING RATES (per night)

TYPE*	SINGLE	DOUBLE	EXTRA PERSON**
Regular or Handicap Room	\$118	\$136	\$40
Balcony Room	\$138	\$156	\$40
Suite	\$198	\$210	\$40

*All rooms are non-smoking. **Limit 4 people per room, 5 people per suite.

LODGING REQUEST

- I / We will be making off-property lodging arrangements
- Please reserve on-property accommodations (if available) for me/my team as follows:
 _____ (#) Handicap Equipped Inn Room(s) for _____ (#) people in Roommate Group # (or #s) _____ below
 _____ (#) Regular Inn Room(s) for _____ (#) people in Roommate Group # (or #s) _____ below
 _____ (#) Inn Room(s) with Balcony for _____ (#) people in Roommate Group # (or #s) _____ below
 _____ (#) Suite(s) for _____ (#) people in Roommate Group # (or #s) _____ below

ROOMMATE(S) ROOM/SUITE #1	ROOMMATE(S) ROOM/SUITE #2
1.	1.
2.	2.
3.	3.
4.	4.
ROOMMATE(S) ROOM/SUITE #3	ROOMMATE(S) ROOM/SUITE #4
1.	1.
2.	2.
3.	3.
4.	4.

Please make listing of additional Roommate groups, as needed on a separate page, and attach.

Additional Comments

Please send completed registration form and deposit/payment to:

Billy Graham Training Center

Attn: Worship Seminar, PO Box 19223, Asheville, NC 28815 or Fax # (828) 299-0276

FOR OFFICE USE ONLY: REVIEW REGISTRATION ACCOUNTING APPROVED

DEPOSIT (\$75 per person, required. Balance of fees are due by April 9, 2010)

Please be sure that you have read and understand our policies regarding deposits, advance payment, and refunds. Thank you.

- Enclosed is my check (made payable to: *Billy Graham Training Center*) in the amount of \$ _____ (minimum \$75 per person)
- Please charge DEPOSIT ONLY in the amount of \$ _____ to the credit card below (\$75 per person)
- Please charge ENTIRE BALANCE in the amount of \$ _____ to the credit card below (\$274 per person, plus lodging if applicable)
- Please charge INDICATED AMOUNT of \$ _____ to the credit card below (includes \$75/per person deposit + \$ _____)
- Please charge Credit Card #: _____ - _____ - _____

Visa MasterCard Discover American Express Expiration Date: / /

Name on Card: _____