

RHEMA WORSHIP & TECHNOLOGY CONFERENCE

Amplify 2012 ■ June 6-9 ■ www.amplifyconference.com

GROUP ENROLLMENT FORM

PLEASE COMPLETE THIS FORM, LISTING IN A SEPARATE BOX EACH INDIVIDUAL WHO WILL BE ATTENDING. On the bottom of the reverse side of this form, please indicate the number of persons who are attending. Please enclose a check made payable to Kenneth Hagin Ministries for the correct amount, or you may also pay by credit card. Make copies of this form if more people from your church will be attending than this form can accommodate.

This form must be received no later than Friday, June 1, 2012.

| Church/Ministry Name | | Phone Number | Fax Number | | | | |
|--|-------|-------------------|---------------------------------------|---------------|-----|--|--|
| Address | | | City | State | ZIP | | |
| Pastor or Ministry Leader's Name | | | RMAI # | Email Address | | | |
| List group participants individually. Please list only one title per person. | | | | | | | |
| Group Leader's Name (first and last) | | | Please Check Your Area of Involvement | | | | |
| | | | ☐ Worship Leader | ☐ Vocalist | | | |
| Address | | | □ Instrumentalist | ☐ Audio/Video | | | |
| City | State | ZIP | Email Address (required) | | | | |
| Individual's Name (first and last) | | | Please Check Your Area of Involvement | | | | |
| | | | ☐ Worship Leader | □ Vocalist | | | |
| Address | | □ Instrumentalist | ☐ Audio/Video | | | | |
| City | State | ZIP | Email Address (required) | | | | |
| Individual's Name (first and last) | | | Please Check Your Area of Involvement | | | | |
| | | | ☐ Worship Leader | ☐ Vocalist | | | |
| Address | | | □ Instrumentalist | ☐ Audio/Video | | | |
| City | State | ZIP | Email Address (required) | | | | |
| Individual's Name (first and last) | | | Please Check Your Area of Involvement | | | | |
| maridadi o ramo (mot ana last) | | | ☐ Worship Leader | □ Vocalist | | | |
| Address | | | ☐ Instrumentalist | ☐ Audio/Video | | | |
| City | State | ZIP | Email Address (required) | | | | |
| Individual's Name (first and last) | | | Please Check Your Area of Involv | vement | | | |
| (3 (3 | | | ☐ Worship Leader | □ Vocalist | | | |
| Address | | | ☐ Instrumentalist | ☐ Audio/Video | | | |
| City | State | ZIP | Email Address (required) | | | | |
| Individual's Name (first and last) | | | Please Check Your Area of Involvement | | | | |
| | | | ☐ Worship Leader | ☐ Vocalist | | | |
| Address | | | ☐ Instrumentalist | ☐ Audio/Video | | | |
| City | State | ZIP | Email Address (required) | | | | |

| Individual's Name (first and last) Address | | | Please Check Your Area of Inv | olvement | | |
|---|--|---------------------|-------------------------------|---|--|--|
| | | | ☐ Worship Leader | ☐ Vocalist | | |
| Address | | | ☐ Instrumentalist | ☐ Audio/Video | | |
| City | State | ZIP | Email Address (required) | | | |
| | | | | | | |
| Individual's Name (first and last) | | | Please Check Your Area of Inv | olvement | | |
| | | | ☐ Worship Leader | ☐ Worship Leader ☐ Vocalist | | |
| Address | | | ☐ Instrumentalist | ☐ Audio/Video | | |
| City | State | ZIP | Email Address (required) | | | |
| Individual's Name (firs | t and last) | | Please Check Your Area of Inv | olvement | | |
| | | | ☐ Worship Leader | ☐ Vocalist | | |
| Address | | | □ Instrumentalist | ☐ Audio/Video | | |
| City | State | ZIP | Email Address (required) | | | |
| | l | 1 | | | | |
| Early Bird Gr | oup Registration (| ending March | 31, 2012) | | | |
| | ☐ Individual—\$149 | | | | | |
| | ☐ Group (5 or more)- | -\$129 per person | | | | |
| Advance Rec | istration (April 1– | June 4 2012) | | | | |
| Advance neg | | ouric 4, 2012) | | | | |
| | ☐ Individual—\$199 | 0470 | | | | |
| | ☐ Group (5 or more)- | -\$179 per person | | | | |
| At-the-Door | Registration | | | | | |
| □ Individual—\$249 | | | | | | |
| ☐ Group (5 or more)—\$229 per person | | | | | | |
| Special RMA | l Pricing | | | | | |
| | ☐ Individual—\$ | | | | | |
| ☐ Group (5 or more)—\$ | | | per person | | | |
| | | | | | | |
| Total number of | people | TOTAL AMOUN | T ENCLOSED \$ | _ | | |
| Payment Type: | ☐ Check Enclosed | □Visa | □Maste | rCard | | |
| | □ Discover | ☐Americ | an Express | | | |
| Credit Card #: | | | Exp. D | Oate: | | |
| Name as It Appe | ars on Card (please pri | nt)· | | | | |
| γρ | | | | | | |
| Signature for Cre | dit Card Payment: | | | | | |
| Church may call | 1-866-312-0972 to regis | ster with special p | | International, or Rhema Bible RMAI pastor, you may register | | |
| Cancellations: F | Registrations may be tra made in writing and er | insferred to anothe | er person for the same confer | ence at any time. All cancellation 12. Requests may be emailed 5. P.O. Box 50126, Tulsa, OK | | |
| | cancellations or refunds | | | ssing fee (per person) will apply | | |