



Please check all that apply

- I AM / WE ARE ATTENDING
- I WANT TO DONATE / SPONSOR ATTENDANTS

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE _____

CELL PHONE _____

EMAIL _____

PAYMENT AMOUNT: \$ _____

VOTER CARD INFORMATION

(Facilitates scheduling of meetings with representatives)

COUNTY: _____

DISTRICT NUMBERS FOR: STATE SENATE: # _____

STATE HOUSE: # _____

PAYMENT INFORMATION

CASH CHECK

CHECK # _____ MAKE CHECK PAYABLE TO: "CFC"

CREDIT CARD, PLEASE CHECK AMEX VISA M/C DISCOVER

CARD HOLDER NAME _____

CARD NUMBER _____

CARD NUMBER _____ ZIP CODE _____

ATTENDEES:

COUNTY: _____

COUNTY: _____

COUNTY: _____

COUNTY: _____

MONDAY, MAY 1ST - TUESDAY, MAY 2ND

REGISTER NOW
AND MAKE A DIFFERENCE!

ATTEND AND / OR DONATE TO SPONSOR ATTENDANTS

SPECIAL DISCOUNTED PRICE:
\$175 PER PERSON

BOOKING INCLUDES:

- One night accommodations (double occupancy)
- Dinner (Monday evening)
- Prayer breakfast with State Senators and Representatives
- Private meetings with State Senators and Representatives. (Includes lobby materials)

ALL PAYMENTS ARE NON-REFUNDABLE

Send completed form and check payable to:

Christian Family Coalition Florida
P.O. Box 650216
Miami, FL 33265

QUESTIONS? CONTACT COORDINATOR:

Lynette Gee | (424) 229-4926

