



Women's International Convention/Crusade COGIC

Mother Willie Mae Rivers, President
Bishop Charles E. Blake, Sr., Presiding Bishop
P.O. Box 1052, Memphis, TN 38101 – Phone: 901-775-0600 – Fax: 901-775-5000

MAY 25 – 29, 2015 Monday – Friday (Five Nights)

Official Housing Registration Form

If your roommate cancel or is a **NO SHOW** you will be responsible for the remaining balance of the room

Indicate Preference by checking one of the following (There Are No Other Accommodations)

_____ Single (One Person-one bed) _____ Double (Two Persons-two beds or King bed)

NOTE: Two Beds Are Limited – Please Choose Your Roommate Carefully

Red Card Registration Fees - Rates are based on Double Occupancy

DELEGATE: (PRINT CLEARLY) Bishop _____ Supervisor _____ Natl Offcr _____ Dist Missy _____ Mr. _____ Mrs. _____ Miss _____ Ms. _____ Dr. _____

First Name: _____ MI _____ Last Name: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Arrival Date: _____ / _____ / _____ Departure Date: _____ / _____ / _____

Supervisor's First Name: _____ Supervisor's Last Name: _____ Jurisdiction: _____

Deposit: \$ _____ Full Payment: \$ _____ Email Address: _____

METHOD OF PAYMENT: Cash Cashier/Certified Check Money Order MASTER CARD VISA AMEX DISCOVER

Credit Card Number: _____ Exp Date: _____ / _____ (Month/Year) Code: _____

Red Card Meal (Will Eat) Breakfast Lunch Both

Indicate by checking here _____ if physically challenged or dietary restrictions. Please attach a brief statement of specific needs.

Packet A - \$35.00 _____ Yes _____ No - (Souvenir Journal, Program Guide, Convention bag.)

Packet B - \$25.00 _____ Yes _____ No - (Program Guide, Convention Bag.) **Please Pay with Registration**

SHARE WITH: (PRINT CLEARLY) Bishop _____ Supervisor _____ Natl Offcr _____ Dist Missy _____ Mr. _____ Mrs. _____ Miss _____ Ms. _____ Dr. _____

First Name: _____ MI _____ Last Name: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Arrival Date: _____ / _____ / _____ Departure Date: _____ / _____ / _____

Supervisor's First Name: _____ Supervisor's Last Name: _____ Jurisdiction: _____

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INSTALLMENT PAYMENT PLAN

Available with minimum deposit of \$150.00 for each person. **DEPOSITS NOT REFUNDABLE (NO PERSONAL CHECKS)**

All Red Card Registration payments must be paid in full and received in the Convention Office on or before April 15th.

REQUEST FOR REFUNDS MUST BE RECEIVED PRIOR TO MAY 13, 2015 OR POSTMARKED BY MAY 19, 2015

SEND ALL PAYMENTS TO: WOMEN'S INTERNATIONAL CONVENTION, P.O. BOX 1052, MEMPHIS, TN 38101

Please include an additional \$35.00 fee for all balances and new applications received after April 15th Deadline

Early Arrival or Extended Stay must be requested through your assigned Red Card Hotel (Pending Room Availability)

THIRD DELEGATE IN THE ROOM PLEASE COMPLETE THIS SECTION

SHARE WITH: (PRINT CLEARLY) Bishop ___ Supervisor ___ Natl Offcr ___ Dist Missy ___ Mr. ___ Mrs. ___ Miss ___ Ms. ___ Dr. ___

First Name: _____ MI _____ Last Name: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Arrival Date: ____/____/____ Departure Date: ____/____/____

Supervisor's First Name: _____ Supervisor's Last Name: _____ Jurisdiction: _____

Deposit: \$ _____ Full Payment: \$ _____ Email Address: _____

METHOD OF PAYMENT: Cash Cashier/Certified Check Money Order MASTER CARD VISA AMEX DISCOVER

Credit Card Number: _____ Exp Date: ____/____/____ (Month/Year) Code: _____

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Indicate by checking here _____ if physically challenged or dietary restrictions. Please attach a brief statement of specific needs.

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The 2015 Red Card Registration Fees are as follows:

- Delegates (Lay) \$525.00
- District Missionaries \$550.00
- Assistant Supervisors \$550.00
- Supervisors Without Charge \$550.00
- National Leaders \$550.00
- Supervisors & Bishops \$600.00

Rates above are per person based on Double Occupancy

Single Rate (One Person) \$1035.00

Payment

Credit Cards / Debit Cards, VISA, MasterCard, American Express and Discover are acceptable forms of payments. There is a \$5.00 dollar processing fee when any of the cards are used to make payments.

Please be advised that the Red Card Office is not responsible for checks or letters lost or delayed in the mail, or fax transmittals that are not received and/or not legible.

Note: If you fax your Housing Registration Form, do not also mail the Housing Registration Form. Doing so may result in duplicate charges to your credit card.

Cancellation

There is a \$150.00 **NON-REFUNDABLE CANCELLATION FEE**. Only admissible emergency request will be considered. In addition there will be an administrative fee of \$50.00 for all cancellations. Your request must be in writing, accompanied by a physician's note or other documentation, **along with the Red Card**. Request for Refunds must be forwarded to the Women's International Convention, Post Office Box 1052. Memphis, Tennessee 38101 prior to **May 13, 2015 or postmarked by May 19, 2015**. **Absolutely, no refunds will be honored without the return of the Red Card and documentation after this date.**

All cancellations and refunds will be processed in the same manner as original payment: if paid by credit card the refund will be issued to the card on file. Payments made by cash/cashier check will be refunded as a check and may take up to 60 days to process, after the Convention.

Housing Registration Form:

If paying by credit cards/debit you can forward your registration form via e-mail, to Redcardwic@att.net, via fax or via postal mail to: Women's International Convention, Post Office Box 1052. Memphis, Tennessee 38101