

**COPE 2017 BIENNIAL INTERNATIONAL CONFERENCE**

*Building* **KINGDOM Unity**

**September 13-15\*, 2017**

**Kingdom Family Church of Daytona**

700 South Ridgewood Ave., Daytona Beach, FL 32114

**REGISTRATION FORM**

PO Box 841963 • Houston TX 77284

682.292.8009 office • 682.292.0836 fax

[www.copeconnections.org/events](http://www.copeconnections.org/events)



Name \_\_\_\_\_ Title \_\_\_\_\_

Organization / Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

Number & Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Country (if outside of the US) \_\_\_\_\_

Phone \_\_\_\_\_  Office  Cell  Home

\_\_\_\_\_  Office  Cell  Home

Email \_\_\_\_\_

Website \_\_\_\_\_

Spouse /  Guest \_\_\_\_\_

Title \_\_\_\_\_

**Conference Registration Includes:**

**Thursday Lunch & Dinner**

**Friday Lunch & Banquet Dinner**

Workshops & General Sessions  
 Conference Materials  
 Exhibitor Tables Available

Early Bird Pricing On or Before July 31 <sup>th</sup> , 2017	After July 31 <sup>th</sup> , 2017
\$ _____ COPE Member - \$150	\$ _____ COPE Member - \$175
\$ _____ COPE Spouse - \$130	\$ _____ COPE Spouse - \$155
\$ _____ Non-Member - \$175	\$ _____ Non-Member - \$200
\$ _____ Non-Member Spouse - \$155	\$ _____ Non-Member Spouse - \$180
\$ _____ Exhibitor Display Table, COPE Member - \$35	\$ _____ Exhibitor Display Table, COPE Member - \$55
\$ _____ Exhibitor Display Table, Non-Member - \$55	\$ _____ Exhibitor Display Table, Non-Member - \$75
<b>JOIN COPE</b>	\$ _____ Sponsor/Vendor \$150
_____ Individual Membership \$60 per year	\$ _____ Bread Breaker \$250
_____ Ministry Membership \$100 per year	\$ _____ Patron of Chaplains \$500
_____ Corporate Membership \$500 per year	\$ _____ Unity Builder \$1,000
	\$ _____ Partner \$1,500
	\$ _____ Champion \$2,000

**TOTAL ENCLOSED \$ \_\_\_\_\_**

**Payment Method**  Check payable to: COPE # \_\_\_\_\_

Credit Card  Visa  MC  Discover

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

( Same as above) \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Online Payment option: [www.copeconnections.org/cope-east-central-regional-conference.htm](http://www.copeconnections.org/cope-east-central-regional-conference.htm)

**Print & return this registration form by:**

- Emailing to: [office@copeconnections.org](mailto:office@copeconnections.org)  
 Include **International Registration** in the email subject line;
- Faxing to: **682-292-0836**; or
- Mailing with check to: PO Box 740843, Dallas, TX 75374