

# Ladies Conference Luncheon Registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Check Enclosed (*Make checks payable to Agape Church.*)

Please charge my Ladies Conference Luncheon Ticket

Visa     Master Card     Discover     American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please do not send cash.

Mail this form with payment to Agape Church, P.O. Box 22007, Little Rock, AR 72221