



# 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

## Official Housing Registration Form

If for some reason 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.**

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

Souvenir Journal: Packet B - \$25.00 \_\_\_\_\_ Yes \_\_\_\_\_ No - (Program Guide, Convention Bag, etc.) **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: \_\_\_\_\_

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.**

Souvenir Journal: Packet A - \$35.00 \_\_\_\_\_ Yes \_\_\_\_\_ No - (Souvenir Journal, Program Guide, Convention Bag, etc.)

Souvenir Journal: Packet B - \$25.00 \_\_\_\_\_ Yes \_\_\_\_\_ No - (Program Guide, Convention Bag, etc.) **Please Pay with Registration**

### 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 15<sup>th</sup>.

**NO REQUEST FOR REFUNDS WILL BE ACCEPTED AFTER JUNE 1, 2016**

**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 15<sup>th</sup> Deadline

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

(OVER PLEASE)

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: \_\_\_\_\_

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.

Souvenir Journal: Packet A - \$35.00 \_\_\_\_\_ Yes \_\_\_\_\_ No - (Souvenir Journal, Program Guide, Convention Bag, etc.)

Souvenir Journal: Packet B - \$25.00 \_\_\_\_\_ Yes \_\_\_\_\_ No - (Program Guide, Convention Bag, etc.) **Please Pay with Registration**

The 2016 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)**

**Call The Red Card Office For Rate.**

**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 mail the Housing Registration Form also. Doing so may result in duplicate charges to your credit card.

**Cancellation**

There is a \$150.00 **NON-REFUNDABLE CANCELLATION FEE**. If you need to cancel your registration, we must have your request in writing, accompanied by a physician's note or other documentation, **along with the Red Card**. In addition there will be an administrative fee of \$50.00 for all cancellations. Request for Refunds must be forwarded to the Women's International Convention, Post Office Box 1052. Memphis, Tennessee 38101 **prior to May 13, 2016 or postmarked by May 23, 2016. 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](mailto:Redcardwic@att.net), via fax or via postal mail to: Women's International Convention, Post Office Box 1052. Memphis, Tennessee 38101