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## Global Kingdom Builders Network, Inc. (GKBN)

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### ADULTS CONFERENCE REGISTRATION FORM

*“For BVI Residents”*

**Please Register by Friday May 17<sup>th</sup> 2024**

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

Gender:     Male             Female

Age Group:    18-25         26-35         36-45         46-60         60+

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

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

Telephone Number: \_\_\_\_\_

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

Church/Ministry/Organization Affiliation: \_\_\_\_\_

I am a:             Apostle             Pastor             Worship Leader  
                       Bishop             Evangelist         Church Board Member  
                       Missionary        Prophet            Other: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_                      Phone: \_\_\_\_\_

Special Physical Needs (Health Concerns): \_\_\_\_\_

T-Shirt Size:  Small     Medium     Large     X-Large     2X     3X

Conference Registration Fee:     Conference & Luncheon Registration    US\$150.00  
     Conference Registration Only            US\$100.00  
     Luncheon Registration Only            US\$50.00

Conference Booklet Ads:             Full Page            US\$150.00  
     Half Page            US\$100.00

Quarter Page      US\$75.00

**Luncheon Food Choices:**    Chicken    Fish    Veggie    Other: \_\_\_\_\_

**Do you have Dietary Restrictions?** \_\_\_\_\_

**Donation to the Dr. A.L. Helligar Scholarship Foundation**

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> \$25.00    | <input type="checkbox"/> \$50.00    | <input type="checkbox"/> \$100.00               |
| <input type="checkbox"/> \$200.00   | <input type="checkbox"/> \$500.00   | <input type="checkbox"/> \$1,000.00             |
| <input type="checkbox"/> \$2,000.00 | <input type="checkbox"/> \$5,000.00 | <input type="checkbox"/> Other Amount: \$ _____ |

**Total Fees Payable:** \$ \_\_\_\_\_

I hereby confirm the above information is true and accurate.

\_\_\_\_\_  
Conference Delegate Signature

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

**Total Funds Received:**    \$ \_\_\_\_\_

**Payment Method:**    Cash    Check    Other: \_\_\_\_\_

\_\_\_\_\_  
Registration Processed By

\_\_\_\_\_  
Date