



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

### ADULTS CONFERENCE REGISTRATION FORM

*Eastern Caribbean Residents*

**Please Register by Friday May 31<sup>st</sup> 2024**

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

Gender:     Male             Female

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

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

Capital: \_\_\_\_\_      Country: \_\_\_\_\_      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): \_\_\_\_\_

### TRAVEL INFORMATION

Date of Arrival: \_\_\_\_\_

Port of Arrival:     Airport         Seaport (Road Town)         Seaport (West End)

Airport Arrivals:    American Airlines             Winair  
                          Cape Air                         LIAT Airlines

<input type="checkbox"/> InterCaribbean Airways <input type="checkbox"/> Silver Airways  <b>Flight No.:</b> _____	<input type="checkbox"/> Chartered Flight: _____ <input type="checkbox"/> Other: _____  <b>Time of Arrival:</b> _____
<b>Seaport Arrivals:</b>	<input type="checkbox"/> Road Town Fast Ferry <input type="checkbox"/> Native Son <input type="checkbox"/> Speedys  <input type="checkbox"/> Smith's Ferry <input type="checkbox"/> Aquatic Rentals <input type="checkbox"/> Other: _____
<b>Hotel Accommodation:</b>	
<input type="checkbox"/> Sebastian's on the Beach <input type="checkbox"/> Fort Recovery <input type="checkbox"/> Marias by the sea <input type="checkbox"/> Other: _____	<input type="checkbox"/> Happy Lion Restaurant & Suites <input type="checkbox"/> Private Residence <input type="checkbox"/> Air bnb
<b>Date of Departure:</b> _____	
<b>Port of Departure:</b> <input type="checkbox"/> Airport <input type="checkbox"/> Seaport (Road Town) <input type="checkbox"/> Seaport (West End)	
<b>Airport Departures:</b>	<input type="checkbox"/> American Airlines <input type="checkbox"/> Cape Air <input type="checkbox"/> InterCaribbean Airways <input type="checkbox"/> Silver Airways  <b>Flight No.:</b> _____
	<input type="checkbox"/> Winair <input type="checkbox"/> LIAT Airlines <input type="checkbox"/> Chartered Flight: _____ <input type="checkbox"/> Other: _____  <b>Time of Arrival:</b> _____
<b>Seaport Departures:</b>	<input type="checkbox"/> Road Town Fast Ferry <input type="checkbox"/> Native Son <input type="checkbox"/> Speedys  <input type="checkbox"/> Smith's Ferry <input type="checkbox"/> Aquatic Rentals <input type="checkbox"/> Other: _____

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

**Conference Registration Fee:**   
  Conference & Luncheon Registration    US\$150.00/EC\$400.00  
 Conference Registration Only    US\$100.00/EC\$270.00  
 Luncheon Registration Only    US\$50.00/EC\$135.00

**Conference Booklet Ads:**   
 Full Page    US\$150.00/EC\$400.00  
 Half Page    US\$100.00/EC\$270.00  
 Quarter Page    US\$50.00/EC\$135.00

**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:** \$\_\_\_\_\_

**Currency:** US EC Other: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date