

# AGF National Conference 2023

**EVERY delegate must complete a separate form. Please duplicate this form if you need to.**

Surname: \_\_\_\_\_ I.D. Number: \_\_\_\_\_  
 Names: \_\_\_\_\_ Credential Number: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_ (if not married, please specify: widow, single)  
 State any changes to have printed in your Credential \_\_\_\_\_  
 (if no changes, just write "Same")  
 Name of the Church (to appear on Credential) \_\_\_\_\_  
 City and Province (to appear on your credential) \_\_\_\_\_  
 Your Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ Code \_\_\_\_\_  
 Phone Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

I will attend conference  I will not attend conference   
 Please note if you are in full time ministry it is expected for you to attend conference. If you are unable to attend conference please explain: .....  
 .....  
 If you are unable to attend the conference, please inform your region Trustee so he can pick it up and bring it for you in your next provincial Fellowship meeting.

## Fees for the AGF 2023 Conference

Full Accommodation (for those within 350 Km)	R 1300.00 p/ person
Full accommodation (for those further than 350 Km)	R 1200.00 p/ person
Day Visitor (with meals)	R 900.00 p/ person (entrance fee, lunch & dinner for all 3 days)
Credential Renewal Fee	R 200.00 p/ credential
Certificate of Affiliation Fee	R 500.00 p/church
Full Accommodation + Credential + Certificate Affiliation	R 1700.00 p/ senior pastor & church <b>(best price)</b>

**I want to register as** (Indicate with an X)  
 Unfortunately we won't be able to cater for married couples - Identify the delegate attending (Male  Female   
 Full Accommodation  Full Payment R \_\_\_\_\_ or Deposit R \_\_\_\_\_ + Credential R200.00 = Balance R \_\_\_\_\_  
 Day Visitor  Full payment R \_\_\_\_\_ or Deposit R \_\_\_\_\_ + Credential R200.00 = Balance R \_\_\_\_\_  
 My annual **church tithes for 2023** in the AGF given at the Conference: R \_\_\_\_\_

### Office use

Block Number \_\_\_\_\_ Room Number \_\_\_\_\_ Key Holder \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Credential \_\_\_\_\_ Issued \_\_\_\_\_

**EVERY DELEGATE must complete a separate form. Please copy this form if you do not have enough**  
*If you are registering as Married Couple, both applications must be faxed in.*