



UNITED PENTECOSTAL CHURCH OF JAMAICA  
**NATIONAL MEN & WOMEN'S FELLOWSHIP DEPARTMENTS**

*National Annual Retreat/Conference 2024*

*"On With the Original!"*

**WEDNESDAY, MAY 22 – FRIDAY, MAY 24**

**(2 NIGHTS & 3 DAYS)**

***Holiday Inn Beach Resort, Montego Bay***

**REGISTRATION FORM**

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

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

Age Group: [ ] 18-25 [ ] 26-35 [ ] 36-45 [ ] 46 and over

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

Name of Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Indicate license held with the organization (if applicable): [ ] Local [ ] General [ ] Ordination

Next of Kin: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel: \_\_\_\_\_

**COST: *REVISED CONFERENCE PACKAGE (Inclusive of Registration Fee & Token) Adults Only:***

**Double Occupancy (Standard Garden View): US\$345** per person (2 nights)

**Double Occupancy (Superior Ocean View): US\$350** per person (2 nights)

**Triple Occupancy (Junior Suite): US\$380** per person (2 nights)

**Children: (Ages 0-11 years): US\$75** per child (2 nights)

*(Proof of Age is required upon arrival at hotel)*

**ALL FEES ARE QUOTED IN US\$DOLLARS AND SHOULD BE PAID IN US\$ DOLLARS ONLY**

**Choice of Room:** [ ] Double (S/Garden View) [ ] Double Occupancy (S/Ocean View)

[ ] Double Occupancy (2 adults only)

[ ] Double Occupancy (2 adults + 2 children)

[ ] Triple Occupancy (3 adults only)

**Name of Roommate: (1)** \_\_\_\_\_ [ ] Licensed Minister

Age Group: [ ] 12-17 [ ] 18-25 [ ] 26-35 [ ] 36-45 [ ] 46 and over

Name of Church: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone Contact: \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

Name of Roommate: (2) \_\_\_\_\_ [ ] Licensed Minister

Age Group: [ ] 12-17 [ ] 18-25 [ ] 26-35 [ ] 36-45 [ ] 46 and over

Name of Church: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone Contact: \_\_\_\_\_ / \_\_\_\_\_

Email address: \_\_\_\_\_

I am also registering ( ) child/children for this room:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRATION PERIODS:**

**WEDNESDAY, FEBRUARY 14**

First payment **30%** of the total fee (**TO SECURE SPACE**)

**WEDNESDAY, MARCH 1**

Second payment of **25%**

**THURSDAY, MARCH 28, 2024**

Third payment of **25%**

**FRIDAY, APRIL 19, 2024**

FINAL payment of **20%**

**CANCELLATION (AFTER FIRST PAYMENT) will attract 20% penalty charge.**

**Please complete ONE FORM ONLY PER ROOM.** That is, you and the person(s) you are sharing room with, must be done on **ONE FORM.**

Please return **completed form with payment** to your Local Church Men's/Women's Fellowship President who will submit same to the Regional Coordinator, **or you may lodge the funds** directly into the **UPCJ Savings (US\$) Account ONLY – NCB A/C# 134284668** (Washington Boulevard Branch), then **fax in your form and bank lodgement slip/Proof of payment** to the office: email to [upcjamaica@gmail.com](mailto:upcjamaica@gmail.com) or WhatsApp to (876) 281-8133 or 281-6567 **Please ensure that the name(s) are written clearly on the bank lodgement slip.**

**FOR OFFICIAL USE ONLY**

1<sup>st</sup> Payment: \$ \_\_\_\_\_ Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

2<sup>nd</sup> Payment : \$ \_\_\_\_\_ Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

3<sup>rd</sup> Payment : \$ \_\_\_\_\_ Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

4<sup>th</sup> Payment: \$ \_\_\_\_\_ Received by: \_\_\_\_\_ Date received: \_\_\_\_\_