



Northeast Region USA & Bermuda COGOP

PASTORS' CONFERENCE 2019 REGISTRATION

Pastor's Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Cell _____ Are you on SharePoint?

Spouse's Full-Name Name: _____

Spouse's Date of Birth: _____ Cell No: _____

MINISTRY INFORMATION

Are you in Full Time Ministry? YES NO If not, is this your desire? YES NO

What if any are your expectations from this Conference?

Church Information

Name: _____ Address: _____

\$250 per Couple and \$180 Single (includes one night accommodation & Breakfast)

Amount in Enclosed: \$ Payment in Full: \$

Please respond no later than MONDAY, SEPTEMBER 30th, 2019 – by mail or online at www.cogopner.org
Mail to: COGOP, P O Box 11652, Loudonville, NY 12211

Official Use Only

Amount Received _____ Balance Remaining: _____
Date _____