

# REGISTER for 2010 NZ JAMA NEW AWAKENING

One form per person, Please photocopy the form if registering more than one person

## SECTION 1 - PERSONAL INFORMATION (Required)

Title  Mr  Mrs  Miss  Ms  Ps  Rev  Dr  Other

First Name Last Name DOB(mm/dd/yy) / /

Address Suburb

Ph(Home) (Mob) E-Mail

## Emergency Contact (Required)

Name Phone Relationship

Please list any health concerns and/or medication requiring supervision:

Medical Treatment Consent: I give permission for JAMA NZ authorized staff and volunteers to obtain emergency medical, hospital or ambulance assistance at any time they deem necessary. I understand that every effort will be made for myself to be notified before initiating such procedures. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of myself (or any of my registered children). I also understand that while every reasonable precaution will be taken to ensure my protection, (and/or my registered children), I hereby release and hold blameless JAMA NZ authorized staff and volunteers from any and all liability in the event of any injury, accident or misfortune, damage or loss that may occur while attending this conference. Involvement Consent: I give permission for all of my registered children to participate in any supervised activities, (game etc), they may choose while involved in the JAMA KIDS Programme.

## SECTION 3 - INDIVIDUAL REGISTRATION OPTIONS

### I am a(n)... (Choose One)

KIDS  Primary  Intermediate  College  University Student

Professional (Korean Speaking)  Professional (English Speaking)  Professional (Bilingual)

Pastor  Pastor's Spouse  Other (Korean Speaking)  Other (English Speaking)

### Electives : (Choose multiple if you want)

English Speaking :  JAMA Kids  Youth(F1-F7)  University  Professionals (Bilingual)

Korean Speaking :  Pastors  Missions  QT  Jesus Healing  Marriage & Family

## SECTION 5 - TERMS & CONDITIONS

I have read and accept these conditions

I'm happy to receive emails from JAMA NZ about related events

CONDITIONS: GST: The registration price does include GST. REGISTRATION: No refunds will be paid, and no registrations are transferrable once payment is received. In special circumstances a refund or transfer may take place if you are unable to attend due to illness, or special family circumstances. PRIVACY DECLARATION: I understand and accept that JAMA NZ may collect information about me for the purpose of providing and offering promotional material. I consent to my personal details being used for the promotion of future JAMA NZ events and products, via post, e-mail & sms. JAMA NZ events will be captured in photographs, video and audio. JAMA NZ reserves the right to use this material for promotional purposes. I also understand that every reasonable precaution will be taken to ensure the protection of myself. I hereby release JAMA NZ staff and volunteers of liability in the event of any injury, accident or misfortune, damage or loss that may occur to myself and/or my property while present at the Event and within the Event premises. DISCLAIMER: JAMA NZ does not accept any responsibility for losses incurred for flights and/or accommodation booked for the conference. JAMA NEW AWAKENING CONFERENCE reserve the right to change any of the published conference details without notice and have the final say on any matters related to the conference.

## SECTION 2 - CHURCH INFORMATION (Required)

Church Name Denomination

Senior Pastor Name

Address Suburb

Phone Homepage

Please tick Any of the option below that describe you at your church

Pastor/Minister  Team Leader  Church Staff  Youth Ministry

Children's Ministry  Worship Team  Multi Team  Congregation

## SECTION 4 - PAYMENT INFORMATION (Choose One)

Full Registration	2/14까지	3/4까지	단체(10-20)	20-30	30+
	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80	<input type="checkbox"/> \$50	<input type="checkbox"/> \$45	<input type="checkbox"/> \$40
Part Registration	1 Day : Part Registration		3 Day : General Sessions		JAMA Kids
	\$35 <input type="checkbox"/>		\$30 <input type="checkbox"/>		\$15 <input type="checkbox"/>

\*Full Registration은 선택강의와 전체집회 모두 포함된 가격입니다.

\*Part Registration은 금/토요일 중 하루(선택강의 및 전체집회포함)가격입니다.

\*General Session은 저녁에 열리는 전체집회에만 참석하는 것입니다.

Enclosed Amount : \$

PAYMENT METHOD :  Cash  Cash Cheque  Eftpos(집회기간중)

(Please Note: We are unable to process your registration without full detail and payment.)

Applicant's Print Name

Signature

Date

Complete this form and post with payment to : JAMA New Awakening NZ Office PO BOX 35-772 BrownsBay Ak Tel. 09.478.0077 Email:jamanz@jamaglobal.com www.jamaglobal.com/nz