



Holy Land Christian Ecumenical Foundation, Inc.

17th International Conference & Awards Banquet

Friday & Saturday, October 16-17, 2015

Washington Marriott Georgetown

1221 22nd Street, NW

Washington, DC 20037

Clergy and Student Scholarship Form

Name of Registrant: _____

17 th International Conference	Ticket Cost	After 10/7	Tickets #	Total
General Session, Saturday Oct. 17 th 8:30am- 5:30 pm *	\$20	\$40		\$
I cannot attend, but here is my tax deductible contribution towards your good work!				\$
Total				\$

**Price of Conference includes lunch and coffee breaks*

REGISTER: By PHONE at (301) 951-9400 (ext. 205), By EMAIL **complete this registration** form and email to conference@hcef.org, By FAX complete this registration and fax to (301) 951-9402, By MAIL to HCEF, 6935 Wisconsin Ave., Suite 518, Bethesda, MD 20815-6124

*****If you wish to attend our banquet on Friday, Oct. 16th call (301) 951-9400 (ext. 205) or email conference@hcef.org for reduced pricing.**

HCEF is a 501 (c) 3 organization. Donations are tax deductible to the extent permitted by law. HCEF does not sell or disclose our donors' addresses, emails, phone numbers or personal information.

First Name: _____ Last Name: _____

Even if I am granted this scholarship, I acknowledge that if I fail to attend the 17th International Conference on Saturday, Oct. 17th from 8:30am to 5:30pm, I will be charged the full price indicated above.

Signature: _____

**** Recipients of the scholarship will be informed by email.**

Please charge \$ _____ to my () Visa () Mastercard () American Express () Discover

EXP. date / CVV (security code from back of card)

Name as it appears on card _____

Name of Church/Organization/School _____

Address _____

City _____ State _____ Zip Code _____

Tel: _____ Email: _____ **THANK YOU!**