

BOOK HOTEL ROOM BY 6/17/2024 FOR GROUP RATE:

Embassy Suites by Hilton, Murfreesboro 1200 Conference Center Boulevard Murfreesboro, TN, 37129 1-615-890-4464

2024 Sabbath Keeper Convention Registration Form

(Registration For July 18-21, 2024, Convention)
Convention Registration Fee includes workshops, convention booklet, souvenir & meal

Date:	
Name:	Telephone No.:
Full Address:STREET ADDRESS / CITY / STATE / ZIP CODE	
Email Address:	
Church/Business Affiliation:	
EARLY BIRD RATE: (RECEIVED OR POSTMARKED BY WED, MAY 1, 2024) Toddler (5 & under \$5), Child (6-12 \$15), Teen: (13-17 \$37), A SATURDAY ONLY INCLUDES MEAL: ADULTS: (18 – UP \$70) EXHIBIT ONLY: \$65/TABLE; Exhibit W/REGISTRATION: \$165	,
REGULAR RATE: (RECEIVED OR POSTMARKED BY FRI, JULY 17, 2024) Toddler (5 & under \$5), Child (6-12 \$17), Teen: (13-17 \$39), A SATURDAY ONLY INCLUDES MEAL: ADULTS: (18 – UP \$75) EXHIBIT ONLY: \$80/TABLE; Exhibit W/REGISTRATION: \$205 Exhibits must fit on a folding table (MUST REGISTER TODDLERS)	

SAT. ONLY

ADULT

TEEN

CHILD

TODDLER

MEAL

EXHIBIT

NAME

Attending Conference: 3 DAYS SATURDAY	ONLY []	PRE-CC	ONVE	NOITI			
EVENT: TUESDAY, JULY 18 MEAL PREFERRED: CHICKEN/BEEF (M) (VG)	/EGETARI/	AN (V)	VE	GAN (I	NO DAIRY	//NO E	EGG)
Total No. Attending Exhibit Space Include	ed? Yes	S No	0				
Total Amount Enclosed: \$							
Money Order or Check Payable To:							
Sabbath Keeper Convention, Inc., PO Box 534, Dah	lgren, VA 2	2448					
Exhibit information/Ministry or Business							
Name:							
Address:							
STREET ADDRESS / CITY / STATE / ZIP	CODE						
Contact Number: Email A	ddress:						
Contact: sabbathkeeperconvention1@gmail.com or	(240) 416-	9548					

CHECK BOX FOR ACKNOWLEDGEMENT OF NO REFUND POLICY.