

POWER OF GOD CONVOCATION

June 10-12, 2026

General Registration

FULL CONFERENCE PACKAGE CONFERENCE REGISTRATION INCLUDES

- Morning Prayer • Conference Material
- Morning Workshops (Wednesday – Friday) • Preferred Seating
- 7:30PM Evening Worship Services
- Special Musical Guests during Evening Worship Services (Wednesday – Friday)

BETHANY BAPTIST CHURCH

1115 E. Gibbsboro Road, Lindenwold, New Jersey 08021

www.go2pog.com

Phone (856) 805-7354, Ext. 243 FAX (856) 784-1123 (Conf. Dept.)

Bishop David G. Evans, Pastor

Pastor Valerie L. Prescott, Conference Manager

Place an [X] in the appropriate box below.

PLEASE PRINT LEGIBLY

Bishop Pastor Reverend Minister Deacon Deaconess Sister Brother Other: _____

NAME: _____ CHURCH NAME: _____
First Last

Address: _____
Street City State Zip

Phone: _(_____) _____ Email: _____

CONFERENCE PACKAGES

QTY.	TYPE	DESCRIPTION	RATE	SENIORS <i>65 & Older</i>	TOTAL
	VIP	Tier 1 Preferred Seating + Tier 1 Conference Material	\$125.00	\$112.50	
	POG	Tier 2 Preferred Seating + Conference Material	\$105.00	\$94.50	
	GROUP	Group of 10 including the Pastor (list (9) on reverse side)	\$749.00	N/A	

THIS SECTION TO BE COMPLETED BY REGISTRATION STAFF

PAYMENT INFORMATION

COPIED: YES NO

INITIALS: _____ DATE: ____/____/____

Cash Total Amount Received \$ _____ # of Registrants _____

Check # _____

Credit Card # _____ Exp. Date: ____/____/____ Sec. Code: _____
Visa MC Discover Amex mm yy

X _____ Notes _____

CARD HOLDER'S SIGNATURE _____

**PLEASE INCLUDED A TITLE FOR EACH REGISTRANT. (EXAMPLE - PASTOR, REV. MIN., SIS. BRO., ETC.*

#2 - Name:

Title _____ First _____ Last _____
Address: _____

Phone: _____ City _____ State _____ Zip Code _____
Evening _____ E-Mail: _____ @ _____

#3 - Name:

Title _____ First _____ Last _____
Address: _____

Phone: _____ City _____ State _____ Zip Code _____
Evening _____ E-Mail: _____ @ _____

#4 - Name:

Title _____ First _____ Last _____
Address: _____

Phone: _____ City _____ State _____ Zip Code _____
Evening _____ E-Mail: _____ @ _____

#5 - Name:

Title _____ First _____ Last _____
Address: _____

Phone: _____ City _____ State _____ Zip Code _____
Evening _____ E-Mail: _____ @ _____

#6 - Name:

Title _____ First _____ Last _____
Address: _____

Phone: _____ City _____ State _____ Zip Code _____
Evening _____ E-Mail: _____ @ _____

#7 - Name:

Title _____ First _____ Last _____
Address: _____

Phone: _____ City _____ State _____ Zip Code _____
Evening _____ E-Mail: _____ @ _____

#8 - Name:

Title _____ First _____ Last _____
Address: _____

Phone: _____ City _____ State _____ Zip Code _____
Evening _____ E-Mail: _____ @ _____

#9 - Name:

Title _____ First _____ Last _____
Address: _____

Phone: _____ City _____ State _____ Zip Code _____
Evening _____ E-Mail: _____ @ _____

#10 - Name:

Title _____ First _____ Last _____
Address: _____

Phone: _____ City _____ State _____ Zip Code _____
Evening _____ E-Mail: _____ @ _____