



**3-8 OCTOBER,
2026**



HEBREW 6:19

REGISTRATION FORM



**Crowne Plaza Atlanta SW by IHG,
201 Aberdeen Pkwy, Peachtree
City, GA 30269**



**Contact
Name:**

**Email
Address:**

**Cell
Phone:**

**Mailing
Address:**

City:

State:

ZIP:

**How many
individuals with
you:**

**Additional
Names:**

Ticket: \$200
Please mail checks to 800 Joseph E. Boone
Blvd NW Atlanta, GA 30314
P.O. Box 92760