

Host Church: Fellowship Deliverance Church, Chesapeake, VA

BOOK HOTEL ROOM FOR GROUP RATE: Embassy Suites Hampton
Convention Center, 1700 Coliseum Drive, Hampton, VA 23666
757-827-8200



2025 SABBATH KEEPER CONVENTION EARLY BIRD REGISTRATION FORM

(Registration For July 24-27, 2025, 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 BY THURSDAY, MAY 1, 2025)

Toddler (5 & under \$5), Child (6-12 \$15), Teen: (13-17 \$37), Adults: (18 - Up \$100)

SATURDAY ONLY INCLUDES MEAL: ADULTS: (18 - UP \$70)

EXHIBIT ONLY: \$125/TABLE (outside room) Other options may be available

REGULAR RATE:

(RECEIVED BY TUES, JUNE 24, 2025)

Toddler (5 & under \$5), Child (6-12 \$17), Teen: (13-17 \$39), Adults: (18 - Up \$125)

SATURDAY ONLY INCLUDES MEAL: ADULTS: (18 - UP \$75)

EXHIBIT ONLY: \$125 /TABLE (outside room) Other options may be available

(MUST REGISTER TODDLERS)

NAME	SAT ONLY	ADULT	TEEN	CHILD	TODDLER	MEAL	EXHIBIT

Attending Conference: 3 DAYS SATURDAY ONLY PRE-CONVENTION EVENT: THUR JULY 24

MEAL PREFERRED: CHICKEN/BEEF (M) VEGETARIAN (V) VEGAN (NO DAIRY/NO EGG) (VG)

Total No. Attending _____ Exhibit Space Included? Yes No Total Amount Enclosed: \$_____

Pay online www.sabbathkeeperconvention.org (or CashApp to: \$SabbathKeeper23); email form to: sabbathkeeperconvention1@gmail.com

Exhibit information/Ministry or Business Name: _____

Address: _____

STREET ADDRESS / CITY / STATE / ZIP CODE

Contact Number: _____ Email Address: _____

Contact: sabbathkeeperconvention1@gmail.com. **CHECK BOX** "I acknowledge that my deposit or full deposit is nonrefundable."