

THE PAYMENT

All payments should be given to:

for Filipino Joy Fellowship

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Office (65) 64383936
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for Tabernacle of Joy Fellowship

Sophia Umehara
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TABERNACLE OF JOY

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DCD CONFERENCE 2009

7—11 DECEMBER



@ Pulau Spring Resort, JB

THE VENUE — JB PULAI SPRING RESORT

This luxurious 5-star hotel is located on the golf course of the Resort. Pulai Spring Resort is also a family resort, designed to cater to the family as a whole with comprehensive social, recreational and sports facilities, catering from the youngest to the oldest.

THE PACKAGE PRICES

TYPE	ROOMING BY COACH		ROOMING BY CAR		REMARKS
	PRICE per pax	ROOMS AVAILABLE	PRICE per pax	ROOMS AVAILABLE	
1 Single Occupancy	\$520	adequate	\$500	adequate	
2 Studio King	\$360	30	\$345	30	Suited for 2 paxs
3 Studio Twin	\$360	18	\$345	18	Suited for 2 paxs
4 1 Bedroom Twin apt	\$395	9	\$380	10	Suited for 2 paxs
5 1 Bedroom King apt	\$395	5	\$380	10	Suited for 2 paxs
6 2 Bedroom apt	\$350	33	\$335	33	Suited for 4 paxs
7 3 Bedroom apt	\$350	20	\$335	20	Suited for 6 paxs
8 Child (5-11 y.o.)	\$170	Without bed	\$150	Without bed	See note below

- * Reservation will be open on **6 Sept 2009** until **1 Nov 2009** only.
- * Rooms availability is based on **first come first serve** reservation with **\$100 non-refundable deposit**.
- * **Full payment** is to be made by **8 Nov 2009**.
- * **Local cheque** should be made payable to **"Manumission Ltd."** and should indicate the words "Camp Meeting" at the back of the cheque. **No foreign cheque** will be accepted.
- * **Note:** Two paying adults in a room. This means if there is only one paying adult and one paying child, another paying adult is required to make a TWIN room.

THE REGISTRATION FORM

Please submit this form along with your \$100 non-refundable deposit.

Name of 1st Adult (as found in Passport) _____

Passport No: _____ Expiry Date: _____

Date of Birth mm/day/yr: ____/____/____ By CAR By COACH

Contact No: _____ Email add: _____

Name of 2nd Adult (as found in Passport) _____

Passport No: _____ Expiry Date: _____

Date of Birth mm/day/yr: ____/____/____ By CAR By COACH

Contact No: _____ Email add: _____

CHILDREN (5-11 yrs old)

Name of 1st Child (as found in Passport) _____

Passport No: _____ Expiry Date: _____

DOB: ____/____/____ Age: _____ By CAR By COACH

Name of 2nd Child (as found in Passport) _____

Passport No: _____ Expiry Date: _____

DOB: ____/____/____ Age: _____ By CAR By COACH

Name of 3rd Child (as found in Passport) _____

Passport No: _____ Expiry Date: _____

DOB: ____/____/____ Age: _____ By CAR By COACH

DEPOSIT

CASH: _____

CHEQUE: _____

DATE: _____

RECEIPT NO: _____

BALANCE

CASH: _____

CHEQUE: _____

DATE: _____

RECEIPT NO: _____