

# Thrive Conference

# Relationship

## Thrive Relationship Conference Registration 2014

This is an Online Registration Form for the 2014 Thrive Relationship Conference . You may enter your information here and / or print the forms below and send in with your payment via USPS. Should you have any questions or need assistance please call our offices at 918-639-1747 , M-F, 8 am - 6 pm CST.

▪ Name\*

First  Last

▪ Email\*

Enter Email  Confirm Email

▪ Address\*

Street Address  Address Line 2

City  State / Province / Region

ZIP / Postal Code  Country

▪ Phone\*

▪ Suggested Donation per person\*

Price: \$75.00

You may update the quantity on the next page. For example if you are registering you and your spouse select Add to Cart then enter 2 for the quantity on the checkout page.

Add To Cart

# Thrive Gala Dinner

- Name

First  Last

- Email

- Suggested Donation per person

Price: \$50.00

You may update the quantity on the next page. For example if you are registering you and your spouse select Add to Cart then enter 2 for the quantity on the checkout page.

Add To Cart

## SALEM FAMILY MINISTRIES PRESENTS

# Thrive Relationship Conference

August 21-23, 2014



Harry and Cheryl Salem  
Salem Family Ministries



Pastors Mark and Kendra Graham  
Abundant Living Family Church HD



Stephanie and Roman Salem  
Salem Family Ministries

**Thursday** Registration check in begins at 12:00 Noon

1:00 pm - 3:00 PM Session  
3:00 PM - 7:00 PM Free Time  
7:00 PM - 9:30 PM Session

**Friday** 10:00 AM - 1:00 PM Session  
1:00 PM - 7:00 PM Free Time  
7:00 PM Gala Dinner Event

*Wedding Cupcakes, Vows Renewed  
Communion, Photographer, Photo Booth*

**Saturday** 10:00 AM - 1:00 PM Session

*"Come away with Me," says the Lover of your souls. You've survived long enough. It's time to thrive! For many of you this will be a renewing of your vows to the Lord and to each other. We will provide the teaching, revelation, and impartation. We will have a wonderful dinner, cake, and photographer! So come and be refreshed, restored and renewed in your covenant relationships!*



# THE WESTIN MISSION HILLS RESORT AND SPA

71-333 Dinah Shore Dr. Rancho Mirage, CA 92270 All services will be on the hotel grounds



## MAKE YOUR HOTEL RESERVATIONS

<https://www.starwoodmeeting.com/Book/SFMCR>

or call 760-328-5955 Make sure to ask for Salem Family Ministries Thrive Relationship Conference to receive the rate of \$99.00 per night. This rate is available on a first come first serve basis until 5:00 PM July 22, 2014 and is available only as long as rooms are available in our block.

\* Our block of rooms could be sold out before July 22, then rates will increase so reserve early before our rate is no longer available.

**This rate is available three days before and three days after our Marriage Conference.**

Reservations made **BEFORE June 22** will be eligible to win one of two complimentary packages for **The Westin Mission Hills Resort and Spa**, to be given away at the Marriage Conference.

Thrive Relationship Conference Registration August 21 - 23, 2014

Register online at [www.salemfamilyministries.org](http://www.salemfamilyministries.org), call our office at 918-639-1747 or mail this form along with your registration fee(s) and Dinner ticket(s) to: Salem Family Ministries PO Box 1595 Cathedral City, CA 92234

Please print legibly

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Registration fee \$75.00 per person. Total number registering \_\_\_\_\_ Total registrations \$ \_\_\_\_\_

Gala Dinner \$50.00 per person. Total attending Gala Dinner \_\_\_\_\_ Total dinners \$ \_\_\_\_\_

Circle one: **Check Cash American Express Visa MasterCard Discover Total \$ \_\_\_\_\_**

CC#: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Security Code back of Visa, Discover or MasterCard: (3 digits) \_\_\_\_\_

Security Code Front of American Express: 4 (digits) \_\_\_\_\_

Billing Information

Name on card: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_