

**POWER OF GOD DELIVERANCE MINISTRIES INTERNATIONAL
A.W.A.K.E.N. 2021**



REGISTRATION FORM- FLORENCE, SOUTH CAROLINA USA

Registration Fee: _____
Area Representative: _____

In order to expedite your registration and participation in all conference related communication please list carefully all information requested. Leaving any area blank can delay the receipt of your needed form, papers, and letters. It may also exempt you from certain conference calls and video presentations.

Full Name (Surname, First, Middle): _____

Nationality: _____ Country of Residence: _____

Passport Number: _____ Issue Date: _____ Expiry Date: _____

Country of Issue: _____ Embassy of Application: _____

Address (Home): _____
Please list completely with city, state, postal code and country.

Phone: _____ Email: _____ WhatsApp: _____

Church Name: _____

Address: _____

Country of Birth: _____ Residence Status: _____

Current Ordination Title: _____ Are you seeking Ordination? _____

Do you work **OTHER THAN** ministry? _____ If yes, what, for whom and how long? _____

If no, why not? _____

Church size? _____ Parent Organization: _____

Please list any community organizations you are a registered faithful member of.

This document must be completed and accompanied by your registration fee and a full legible copy of your passport information page. You may request and surrender this form on electronic format from your area representative. If you are not a lead pastor, this form must also be accompanied by a letter of recommendation from your pastor.

PLEASE NOTE: THIS IS NOT AN EMBASSY FORM. THIS FORM DOES NOT LEAVE POGDMI files.