

2010 ICA Annual Meeting

November 10 - 12, 2010



November 10 & 11 9:00 AM – 4:30 PM
7:00 PM – 9:30 PM Evening Service both nights
(Praise and Worship and Speakers)

November 12 9:00 AM – **12 Noon - Meeting ends**, no lunch served

November 12 12:30- 3:30 PM **Council Meeting Only** (includes lunch)

Location: Embassy Suites Outdoor World in Grapevine, Texas



2401 Bass Pro Dr. Grapevine, TX 76051. Phone: 1-972-724-2600.
www.embassysuitesdfwnorth.com. (Five minutes north of Dallas/Ft. Worth International Airport)
Room Rate: **\$129.00 per suite** available from Nov. 8-12 includes: Full hot breakfast bar, full service restaurant, free shuttle, free parking, and AAA Four Diamond service in a beautiful meeting venue!

Book here for the best deal in the area! Group code: ICI

Registration Rate Options: (Registration includes buffet lunches Wed.-Thurs.)

1. **ICA Members** who have fully paid the 2010 \$650.00 membership fee will not be charged a registration fee **HOWEVER - you must still submit the filled in registration form** so you receive the name tag, materials, and are counted for lunch set-up.
2. **ICA members** paying the new USA membership fee of \$450.00 or International \$350.00: **\$150.00**
3. **ICA Member spouse: \$150.00**
4. **Guests: \$200.00** (No longer called 'Observer' - Unlimited number of guests may be invited.)
5. **Product Table: \$150.00 each** (All inside the ballroom. Assistants pay guest rate)
6. Register at – www.coalitionofapostles.com
7. Fax or mail in the Registration Form
8. **CANCELLATION POLICY:**
 - **Before October 25: Refund, less \$25 Administration Fee.**
 - **After October 26: No Refund** – however, Registration may be transferred to a substitute participant with advance notice.

Assistance: Contact Lori Holder at LoriHolderica@coalitionofapostles.com or call: 1-817-232—5815

See Page 2 – Registration Form

2010 ICA Annual Meeting Registration Form

ICA Member Name: _____

Spouse (if attending): _____

Address: _____ City: _____ State: _____

Zip Code: _____ Country: _____ Telephone _____

Fax: _____ E-mail: _____

Use separate form for more than one Guest.

Guest Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Country: _____ Telephone _____

Fax: _____ E-mail: _____

Fees:

1. **Member Registration** (see above) Check one: Free _____ or \$150.00 _____
2. **Member Spouse:** \$150.00 _____
3. **Guest/s:** \$200.00 _____ No. _____ Total: \$ _____
4. **Product Table Registration:** (Request Table Registration Forms for details)
Assistants need to pay Guest Rate. No Point of Sale available.
\$150.00 per table No. of Tables _____ Assistant/s _____ Total: \$ _____

Total Enclosed: _____ **Make checks to: ICA** **Memo: 2010 AM**

Credit Card Information - Write "SAME" if same as above

Name (as it appears on the card): _____

Address: _____ City: _____ State: _____

Zip Code: _____ Country: _____ Telephone _____

Check One: ___ Visa ___ Master Card ___ Discover

Card Number: _____ Exp. Date: _____

Signature: _____ Amount: _____

Mail to: ICA PO Box 164217 Ft. Worth, TX 76161

Fax: 817-232-1290 or return by email - Loriholderica@coalitionofapostles.com

Office: 817-232-5815 Executive Administrator: Lori Holder

Lynn Kishaba
Jul 28, '06, 12:53 PM
Added Text