

ASSEMBLIES OF GOD INDIA FELLOWSHIP OF NORTH AMERICA

27th Family Conference - Toronto, Canada @ July 24-27, 2025

Delta Hotels Toronto Airport & Conference Centre, 655 Dixon Rd, Etobicoke, ON

Theme: Empowered Life in the Word and Spirit (Matthew 22:29)



REGISTRATION FORM

Name:					Mr. ___ Mrs. ___ Ms. ___ Rev. ___ Dr. ___			
Address:			City:			State:		
Telephone:	(Home)			(Cell)			Con:	USA / CANADA
Email:					Church:			

Attendees (Age 13 & up)				Attendees (Age 6 thru 12)			
Name:			M F	Name:			M F
Name:			M F	Name:			M F
Name:			M F	Name:			M F
Name:			M F	Name:			M F

Executive Room				Please mark the required	# of Days	Amount Payable
Rate	3 Days	2 Days	1 Day		Currency : USD / CAD	
Hotel Room / 2 Adults	USD 420 / CAD 600	USD 280 / CAD 400	USD 140 / CAD 200	X	=	
Food per person (Age 13 & up)	USD 294 / CAD 420	USD 196 / CAD 280	USD 98 / CAD 140	X	=	
Food per person (Age 6 thru 12)	USD 180 / CAD 255	USD 120 / CAD 170	USD 60 / CAD 85	X	=	
Registration per person (Age 6 & up)	USD 25 / CAD 25				=	
Children 5 & Under	Free				Subtotal	

Sponsorship							Donation
Category	USD	CAD	#Rooms	# Meals	# Reg	Song Book Adv.	
General	\$ 1,400	\$ 1,800	1	2	2	0	Sponsorship
Bronze	\$ 2,000	\$ 2,800	1	4	4	0	
Silver	\$ 2,500	\$ 3,500	1	4	4	0.5 page	Total
Gold	\$ 5,000	\$ 7,500	2	8	8	1 page	
Platinum	\$ 10,000	\$ 15,000	Customized Package				Advance (\$500 Min.)
Diamond	\$ 20,000	\$ 25,000	Customized Package				
Grand	\$ 25,000	\$ 30,000	Customized Package				Balance

Please make checks payable to **International Revival Church, Canada** . Please mail the completed form/s along with payment to:
Pr. John Thomas, 5605 Taw Avenue, Missisagua, Ontario, Canada - L5V 1W4

For more information

Rev. John Thomas National Convener 647-833-9744	Dr. Thomson K. Pallil Secretary 516-633-0358	Rev. Joseph Mathew Treasurer 403-690-4353
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www.agifna2025.com email: info@agifna2025.com

As an AGIFNA 2025 Conference participant, I acknowledge my responsibility for safety, liability, and medical coverage in emergencies for myself and my family. I will not hold the Conference officials or attendees accountable and accept sole responsibility for damages to the venue caused by me or my family.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Payment Method: Credit card Cash Check #: _____ Date Recv'd: _____
 Entered on: _____ Entered By: _____

Registration No.