

Heritage Church presents its 2010 Women's Conference

# RE-ENVISION 2010

## from here to eternity



Conference Host  
**Toni Boffo**  
Heritage Church



Keynote Speaker:  
**Clare Loughrige**  
Crossroads Church  
Marshall, Michigan

**April 23rd - 24th, 2010**  
@ Heritage Church Voorhees, NJ

And then God answered:  
**Write this. Write what you see. Write it out in big block letters so that it can be read on the run. This vision-message is a witness pointing to what's coming. It aches for the coming— it can hardly wait! And it doesn't lie. If it seems slow in coming, wait. It's on its way. It will come right on time. Habakkuk 2:2&3**

### **COST:**

- \$109 – Early Bird – If paid in full by March 14, 2010
  - \$119 – If registration & \*\$50 deposit is received by April 11, 2010
  - \$129 – If registering after April 11, 2010
- \*All Deposits are Non-Refundable\**

### **COST INCLUDES:**

Conference, snack on Friday, continental breakfast and elegant sit down lunch at The Mansion on Saturday.

## Conference Schedule

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**Friday, April 23rd**

**7:00pm**

General Session with:  
Clare Loughrige

**Saturday, April 24th**  
8:30am to 4:00pm

**1 General Session with:**  
Dawn Robinson

**1 General Session with:**  
Toni Boffo

**Lunch:**  
The Mansion

**1 General Session with:**  
Clare Loughrige

**Questions... Email us!**

[debbiec@heritagechurch.cc](mailto:debbiec@heritagechurch.cc)  
Or Call 856.435.5444 Ext. 12  
[www.womenofdestiny.cc](http://www.womenofdestiny.cc)

**\*PLEASE NOTE\* the conference prices DO NOT include your room reservations. You MUST make your own room reservations directly with the **Wingate Inn** at: 856.627.1000. We have secured these rooms at the **discount rate of \$92.00 per night/per room + tax.** When calling, please mention that you want the **Heritage Church Conference rate.** You must contact them before April 2nd, 2010 to make your reservations.**

# REGISTRATION FORM

**Please Mail Registration Form & Payment to:**

Heritage Church: 110 Kresson-Gibbsboro Rd. # 101  
Voorhees, NJ 08043

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Name of Home Church: \_\_\_\_\_

**Payment Choice:** [  ] Check Enclosed or [  ] Paying by Credit Card

Card Type: (check one) [  ] Visa [  ] Master Card

Credit Card# \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

**Lunch Choice for Saturday Afternoon: (please check ONE)**

[  ] Chicken Marsala or [  ] Scampi Style Bay Shrimp over Penne Pasta

**\*\*ONE REGISTRATION FORM PER PERSON PLEASE\*\***