



INTERSTATE ASSOCIATION OF THE CHURCH OF GOD

2026 LEADERSHIP SUMMIT

INTERSTATE ASSOCIATION OF THE CHURCH OF GOD
JANUARY 23 & 24, 2026

Leadership Summit

CHRIS CONEDY
Interstate Chair

JONATHAN DeCUIR
Speaker

SENIOR PASTOR
Victory Bible Church

BISHOP PAUL BINION
Interstate Vice-Chair

Registration \$50.00

Pasadena Church of God - East Campus
425 Sierra Madre Villa Ave
Pasadena, Ca 91107
Pastors Kerwin & Madelyn Manning

Lodging \$135 plus tax/night

Register @ www.interstateassociation.com

LEADERSHIP SUMMIT LOCATION

Pasadena Church of God, East Campus
425 Sierra Madre Villa Ave.
Pasadena, CA 91107

SCHEDULE

Friday, January 23rd: 4:00 pm—8:00 pm
Saturday, January 24th: 8:00 am—11:30 am

REGISTRATION RATE

\$50 per person. Meals included

IMPORTANT LODGING INFORMATION

Use the Holiday Inn reservation line and mention the group name to obtain the block room rate.

Rates available Thursday, January 22—Sunday, January 25

HOTEL	ROOM TYPE	PRICE PER NIGHT	RESERVATION LINE	GROUP NAME
Holiday Inn Express & Suites Pasadena 3500 E. Colorado Blvd Pasadena, CA 91107	King Suite OR 2 Full beds	\$135 +tax	(626) 792-1363	Interstate Association Church of God or IACOG

Please mail the completed registration form(s) to the Interstate Assoc. of the Church of God, P.O. Box 270548, Las Vegas, NV 89127, or complete it at www.interstateassociation.com.

Registration confirmations will be issued via email or U.S. Mail (if no email address is provided) within 72 hours of your online registration, or 2 weeks of your mailed forms. Don't hesitate to contact the Registrar at iacogregistrar@gmail.com or (559)347-8819 with any concerns





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Friday, January 23rd & Saturday, January 24th

REGISTRATION FORM

Registrant	Information given will be used for Interstate mailing list (Adults only).	
	First Name: _____ Middle Initial: _____ Last Name: _____	
	Home Address: _____ City/State/Zip: _____	
	Daytime Phone: _____ ☐ Home ☐ Church ☐ Cell ☐ Work	
	Alternate: _____ Email Address: _____	
	Age Group: ☐ 18-30 ☐ 31-50 ☐ 51-65 ☐ 66 + Parent/Guardian if under 18 _____	
Emergency Contact Name: _____ Phone #: _____		

Church Information	Information given will be used for Interstate mailing list.	
	Church Name: _____ Pastor's Name: _____	
	Address: _____	
	City: _____	State: _____ Zip: _____
	Phone Number: _____ Email Address: _____	

Registration	Qty	Fee (per person)	Total Fees
	2026 Leadership Summit Registration	\$50.00	\$

Registration Payment	REGISTRATION FEES ARE NON-REFUNDABLE	
	Payment Information: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX ☐ Check ☐ Money Order	
	Credit Card Account # _____ - _____ - _____ - _____	Exp. Date: _____ mm/yy
	CID# _____ (3-digit number located at the end of the signature panel or 4-digit number above card number [AMEX only])	
	Name as it appears on credit card (Please Print): _____	
	Cardholder's Billing Address: _____	
	Cardholder's Phone Number: _____ Email _____	
	Signature (Required): _____	

Office Use Only

Postmark: _____

Deposit Date: _____

Ck# _____

Amt Pd: _____

CC Auth#: _____

If a credit card charge is denied, or the bank returns a check payment, the purchaser will be contacted by email or phone and allowed five days to submit a new payment.

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