



# UNBOUND

deliverance. freedom. belonging.

## ONE DAY CONFERENCE

April 5th, June 21st, October 4, 2025

### ARE YOU FEELING STUCK?

“The Father’s Mercy” **UNBOUND** Ministry Team is offering a one-day conference in the **Five Keys to**

**Freedom in Christ.** Do you feel bound, burdened, restless, and anxious? Are you regretting past mistakes, sins, transgressions? Are you angry, resentful, reliving hurts over and over, feeling helpless or hopeless? Do you have spiritual and/or emotional junk which needs to be removed? Do you want to learn how to help others? There is freedom in Christ. Join us for this conference. It will include DVD presentations by Neal Lozano, founder of this ministry. Team prayer ministry will be available. *“For freedom Christ has set us free”* (Galatians 5:1), join us and be set free. Conference registration is \$40 which includes lunch.

**St Thomas Church / Parish Center**  
**89 Pine st, West Springfield MA**

**Parking available next to the**  
**Parish Center or on the street.**



8:30am to 9:00am	Registration with coffee and pastries
9:00am to 9:20am	Welcome, Unbound 2 min Video, Announcements & Prayer
9:20am to 10:00 am	Session 1 – Deliverance is a Good Word
10:00 am to 10:40 am	Session 2 - Repentance & Faith
10:40 am to 10:55 am	Break
10:55 am to 11:25 am	Session 3 - Freedom in Christ
11:25 am to 11:50 am	Prayer Ministry Video
	Prayer Opportunities Announcement
12:00 pm to 1:00 pm	LUNCH BREAK
1:00 pm to 2:00 pm	Session 4 – Renunciation & Authority
2:00 pm to 2:10 pm	Praise & Worship
2:10 pm to 3:00 pm	Session 5 – Forgiveness
3:00 pm to 3:15 pm	Break
3:15 pm to 4:30 pm	Session 6 – The Father’s Blessings

**Seating is LIMITED – Register early - For registration information or to schedule an Unbound Prayer Session call us at 413-452-0886**  
**Or email us at unbounddiospringfield@gmail.com**

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 To register please send this registration slip and a check for \$40 (includes lunch) made out to **Unbound Ministry** and mail to: Unbound Ministry, PO Box 1077, Southwick, MA 01077 Attn: Linda Bathel

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

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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