

Registration Form

Date:

Title: Dr. Rev. Mr. Mrs. Ms.

Name:
Last First MI

Address: Street.....Apt.....

City.....State.....Zip.....

Country.....

Tel:..... Email:.....

Name of Church:.....

Position in Church:.....

The cost of registration is \$100 only

Please note that each individual must register separately

Type of payment: Credit Card Check I will pay at the Registration Desk

Credit Card Type: Visa MasterCard Discover

Card Number:

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Expiration Date:

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 Code:

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I authorize the charge of \$100 on my card Signature:.....

Please complete the registration form and mail it or fax it to 770-923-8381
Please Note: Write all checks to Advanced Life Ministries, memo it as IS109 and mail to:
The Conference Coordinator IS109, 5511 Williams Road, Norcross GA 30093
For more information, call 770-923-8383 Ext.105