

Prophecy Seminar Registration

Please take a moment and provide the following information about yourself.

First Name

Last Name

Address

City

State/Province

Zip/Postal Code

Phone Number

Church Affiliation

Email Address

Please tell us how you heard about the seminar:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Brochure in Mail | <input type="checkbox"/> Television |
| <input type="checkbox"/> Radio Ad | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other _____ |

Would you like to be contacted about future seminars?

- Yes
 No

(Scan Tag/Ticket Book #)

Prophecy Seminar Registration

Please take a moment and provide the following information about yourself.

First Name

Last Name

Address

City

State/Province

Zip/Postal Code

Phone Number

Church Affiliation

Email Address

Please tell us how you heard about the seminar:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Brochure in Mail | <input type="checkbox"/> Television |
| <input type="checkbox"/> Radio Ad | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other _____ |

Would you like to be contacted about future seminars?

- Yes
 No

(Scan Tag/Ticket Book #)