



# The Better Place MINISTRIES

## 2014 Regional School of Prayer REGISTRATION FORM

Your name: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Session(s) for which you are registering at this time:

Mar. 8    June 7    Sept. 13    Nov. 1

Registration fee enclosed: \$\_\_\_\_\_

(\$45 for first session you attend. \$35 for any subsequent sessions)

I am paying by check

(Make check out to, **The Better Place, Inc.**)

I am paying by credit card. (Complete the following information for credit card payment):

Card type:  MasterCard  Visa  Discover

Account Number: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_   CID code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail this form in with your payment or credit card information to:

The Better Place, Inc.

P.O. Box 532

Jamestown, NY 14702