



The Better Place

MINISTRIES

2015 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:

Feb. 21 Apr. 18 June 13 Sept. 05

Registration fee enclosed: \$ _____

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

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

Mail this form in with your payment to:

The Better Place, Inc.

P.O. Box 532

Jamestown, NY 14702