



The Better Place MINISTRIES

2010 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. 13 June 12 Sept. 25

Registration fee enclosed: \$ _____

(\$40 for first session. \$30 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: _____/_____

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