



School of Prayer
2009
REGISTRATION FORM

Your name: _____

Church Affiliation: _____

Postal address: _____

E-mail: _____

Telephone: (____) _____

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

June 6 Aug 29 Oct 31

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