

SEMINAR REGISTRATION FORM

_____ YES I CAN ATTEND THE FOLLOWING SEMINAR:

Perth 27th June 2009 Rockingham 29th June 2009 Port Macquarie 1st Aug 2009

Brisbane 30th Aug 2009 Palmerston North 29th Sep 2009 Newcastle 6th Dec 2009

Geraldton, WA. 22nd Nov 2009 Christchurch 22nd Feb 2010 Coffs Harbour 23rd Mar 2010

_____ SORRY I CAN'T ATTEND THESE DATES BUT PLEASE NOTIFY ME OF FUTURE DATES

NAME: _____

ADDRESS: _____

CITY, STATE, POSTCODE: _____

COUNTY: _____

HM PHONE: _____ WK PHONE: _____

E-MAIL: _____

NUMBER OF PEOPLE ATTENDING _____

NAMES OF ATTENDEES _____

PAYMENT METHOD _____ VISA _____ MC _____ AMEX _____ PAYPAL _____ CHEQUE ENCLOSED

CREDIT CARD NUMBER _____ EXP. DATE _____

3 DIGIT VERIFICATION CODE _____ SIGNATURE _____

Send completed registration form to:

Divine Direction Seminars

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Email: soar@DivineDirectionSeminars.com.au

Ph: 61-2-6584 2619

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