

SEMINAR REGISTRATION FORM

_____ YES I CAN ATTEND THE FOLLOWING SEMINAR:

Auckland 16th Oct & 17th Oct 2009

Newcastle 6th Dec 2009

Geraldton, WA. 22nd Nov 2009

Christchurch 22nd Feb 2010

Coffs Harbour 23rd Mar 2010

Johannesburg 17th May 2010

Ayers Rock/Uluru 30th May 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 _____ DIRECT DEPOSIT _____ PAYPAL _____ CHEQUE

CREDIT CARD NUMBER _____ EXP. DATE _____

3 DIGIT VERIFICATION CODE _____ SIGNATURE _____

BANK ACCOUNT FOR DIRECT DEPOSIT: BSB 802-214 ACCOUNT NO. 45687

IF YOU CHOSE TO PAY VIA PAYPAL, YOU WILL BE EMAILED AN INVOICE.

Send completed registration form to:

Divine Direction Seminars

Fax 61-2-6583 9650

Email: soar@DivineDirectionSeminars.com.au

Ph: 61-2-6584 2619

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