

Oil of His Presence

Nov. 6-8, 2008

Registration Form

Cut off Date is Nov. 1, 2008

Full: \$65.00 _____ Daily: \$35.00 _____ Door: \$85.00 _____

Day(s) you will attend: Thursday _____ Friday _____ Saturday _____

This form may be copied for additional registrations.
Each registrant must complete a separate form.

Mr. Mrs. Ms.

First Name _____ Last Name _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone () _____ - _____ Work/Other Phone () _____ - _____

E-mail Address _____

Would you like to be added to our mailing list? ___ Yes ___ No

PAYMENT METHOD

CHECK _____ Money Order _____  _____  _____  _____  _____

TOTAL \$ _____

Card Number _____ Exp. Date _____

Signature _____

Please mail registration form with your
Check, money order or credit card information to :

Mantle of Power

Attn: Registrations

P.O. Box 496

Iselin, NJ 08830

Or fax your form to (908) 709-0331

Partners receive 10% Discount on Conferences and Product