

# A CALL TO PURITY WEEKEND

*Pure in Heart... Pure in Purpose... Pure in Passion*

## REGISTRATION FORM

Dates: \_\_\_\_\_

Host Organization: \_\_\_\_\_

Conference Location: \_\_\_\_\_

Please fill out this form completely and return by mail to arrive not later than by \_\_\_\_\_. This form may also be faxed to: \_\_\_\_\_

Phone registrations may be made by calling: \_\_\_\_\_

Extension: \_\_\_\_\_ (M-F 9am-5pm EST).

### REGISTRATION TYPE

- INDIVIDUAL \$ \_\_\_\_\_
- INDIVIDUAL W/ GUEST \$ \_\_\_\_\_
- TOTAL FEES** \$ \_\_\_\_\_

### PAYMENT

I have enclosed my check in the full amount.

Please send check payable to: \_\_\_\_\_

\_\_\_\_\_  
(Please note "Attention Purity Weekend" on the envelope)

Please charge my credit card for the full amount.

Phone or fax registrations must be paid by credit card. If you plan to pay by credit card, please fill out the cardholder information below, including the cardholder's complete address:

Visa    MasterCard    Discover    American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Signature: \_\_\_\_\_

#### PLEASE PRINT

Cardholder Name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### ATTENDEES

Name \_\_\_\_\_

Office Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

### GUEST

Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

For more information about this event, please contact: \_\_\_\_\_

### GENERAL INFORMATION

#### DEADLINES

Please contact us regarding your intent by: \_\_\_\_\_

#### PARTICIPATION POLICY

Registration is open to men and teenage boys age 13 and older. Registration is also open to women and teenage girls age 16 and older

#### REFUNDS

Refund requests must be made in writing prior to: \_\_\_\_\_

 **PHONE REGISTRATION**

 **FAX REGISTRATION**

