

**In His Presence Ministries
Schools of Prophecy (Series-Three Sessions)
August 15, September 26, October 17, 2009**

PRINTABLE ON-LINE SINGLE REGISTRATION FORM

Pre- Registration \$ 10

Day of School \$ 15

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: (H) _____ (C) _____

EMAIL ADDRESS: _____

Would you be interested in purchasing lunch for \$ 10 per session? Yes ___ No ___

Would you like to receive emails from us? Yes ___ No ___

Method of Payment: Make checks payable to: **In His Presence Ministries**

Check #: _____ Cash: _____ Visa: _____ MasterCard: _____ Discover: _____

Name on Account: _____

Credit Card#: _____

CCV# _____

Expiration Date: _____ Zip Code: _____ Amount: \$ _____

Signature: _____

This form can be printed and mailed with a check or credit card information to:

**In His Presence Ministries
PO Box 842203
Houston, TX 77284**