

***In His Presence Ministries
School of the Supernatural
October 8 and 9, 2010***

NAME: _____

ADDRESS: _____

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

PHONE: (H) _____ (C) _____

EMAIL ADDRESS: _____

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

Are you interested in purchasing lunch for Saturday session? Yes___ No ___

This form can be printed and mailed to:

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

Mail the application along with the \$ 10 preregistration amount.