

Please fill out this form completely and legibly, including birthdates.	<h2 style="margin: 0;">Home & Small Group Basic Seminar</h2>						
Name/Address Correction	Please check box(es): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Pastor <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Other _____						
<input type="checkbox"/> Please correct/change my name:	Please print clearly. NAME: Last _____ First _____ M. I. _____ Spouse (if attending)*: First _____ M. I. _____ His birthday: Month _____ Date _____ Year _____ Her birthday: Month _____ Date _____ Year _____						
Previous: _____	MAILING ADDRESS _____						
Change to: _____	CITY _____ PROV _____ PC _____						
<input type="checkbox"/> Please correct my address:	TELEPHONE (_____) _____ E-MAIL* _____ *Providing your email address will enable us to notify you of future seminars in your area, ministry reports, and other special offers.						
Previous Address: _____	I am registering for the Basic Seminar as a: <input type="checkbox"/> First-time registrant <input type="checkbox"/> Basic Seminar Alumnus						
City _____	My first Basic Seminar attended: City: (his) _____ Year _____ City: (hers) _____ Year _____						
Prov _____ PC _____	I am (We are) registering for the Basic Seminar in: City _____ Start Date _____						
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