

Registering for:

Name Attendee #1: _____ Full Seminar 1-Day

Name Attendee #2: _____ Full Seminar 1-Day

Name Attendee #3: _____ Full Seminar 1-Day

Church Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email Address: _____

PowerChurch Plus Version: _____ PowerChurch Plus Registration # _____

Seminar Location: _____

Seminar Dates: _____

Payment Information:

Full 2-Day Seminar Registration \$247 X Attendees = Total: _____

Full 2-Day Seminar Registration \$197 X Attendees = Total: _____
(2+ attendee from the same church)

Day 1 Seminar Registration \$147 X Attendees = Total: _____

Day 2 Seminar Registration \$147 X Attendees = Total: _____

Total Payment: _____

Payment Enclosed

Please Invoice Total Amount - Reference PO#

(note final payment is due 7-days prior to seminar date)

Please Charge my Credit Card

I hereby authorize Books in Order, Inc. to charge the total payment due to the following credit card:

Credit Card # _____ Security Code: _____

Type: AmEx MasterCard Visa

Expiration Date: _____

Name as it appears on card: _____

Send Completed Form: **US Mail** **Books in Order, Inc-PC Seminar**
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Indianapolis, Indiana 46256
Fax (317) 849-1931
Email seminar@booksinorder.com

Questions? Please call: (317) 579-0340