

Name Attendee #1: \_\_\_\_\_

Name Attendee #2: \_\_\_\_\_

Name Attendee #3: \_\_\_\_\_

Name Attendee #4: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

PowerChurch Plus Version: \_\_\_\_\_ PowerChurch Plus Registration # \_\_\_\_\_

Seminar Location: \_\_\_\_\_

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

**Payment Information:**

Full 3-Day Seminar Registration      \$375 X 1      Attendees = Total: \_\_\_\_\_

Full 3-Day Seminar Registration      \$325 X \_\_\_\_      Attendees = Total: \_\_\_\_\_  
*(2+ attendee from the same church)*

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 (CSV) Code: \_\_\_\_\_

Type:  AmEx       MasterCard       Visa      Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Address for this card: \_\_\_\_\_

Phone # for this card: \_\_\_\_\_

**Send Completed Form:**

**US Mail**

**Books in Order, Inc-PC Seminar**

**8019 Tanager Road**

**Indianapolis, Indiana 46256**

**(866) 857-4554 (toll free)**

**seminar@booksinorder.com**

**Fax  
Email**

**Questions? Please call toll free: (866) 669-4140**