

Special Workshop for Children of National Messiahs Registration Card

Photo	Surname		Sex	
	Given Name(s)			
	Date of Birth	(mm/dd/yy)	Blessing	Year / single
	Parents' mission nation	(Adam, Eve, Cain, Abel)		
	e-mail			
Address				
Tel.		Cell phone		
Family	Relationship	Name	Date of Birth	Remarks
Education	Duration	Institution Name	Major	Remarks
Career	Duration	Affiliated Organization	Issuing Body	Remarks
___ Yes, I will participate in the workshop.			Proficient languages *	(A/B/C)
___ No, I will not participate in the workshop.				(A/B/C)

* Please indicate level of language proficiency [A: native tongue / B: proficient / C: Limited speaking & listening skills]