

Original Divine Principle Workshop

Las Vegas, NV – Feb 4 - 8, 2010

CREDIT CARD AUTHORIZATION HSA-UWC (FFWPU)

Please fill out, sign and send to Nat'l HQ & District HQ

Fax: 212-575-5105 and 214-905-9240 – OR

email: jheller@familyfed.org and district9ffwp@gmail.com

No Later Than 6:00 PM EDT, Feb 1, 2010

Name: _____ Date: _____
(Write as it appears on your credit card)

Address: _____

City: _____ State: _____ ZIP: _____

Credit Card: VISA - MasterCard - Discover - AMEX

Registration Fee:
Double Occupancy \$515.00
Single Occupancy \$721.00

Please Charge My Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Telephone No: _____

Memo: _____

Paying For: _____

If you are paying for someone else, please write the person's name here