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# Family Federation for World Peace and Unification

Original Divine Principle Workshop, June 4 – 8, 2009



## Registration Form

Please respond via email: [jheller@familyfed.org](mailto:jheller@familyfed.org) or by fax: [646-293-1627](tel:646-293-1627) • District No. \_\_\_\_\_

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Your Full Name below

Gender:  Male  Female

**Registration Fee: \$500.00**

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Family Name

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**Badge Name — as you would like to see it on your Name Badge**

\_\_\_\_\_

Honorific

\_\_\_\_\_

Full Badge Name

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Your Organization: \_\_\_\_\_

Your Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Street Name

\_\_\_\_\_

Suite No.

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Office Telephone

\_\_\_\_\_

Office Fax

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Home Telephone

\_\_\_\_\_

Email Address

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### Flight Arrival in Las Vegas, NV

\_\_\_\_\_

Arrival Airport

\_\_\_\_\_

Arrival Date

\_\_\_\_\_

Arrival Time

\_\_\_\_\_

Arrival Airline and Flight #

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### Flight Departure From Las Vegas, NV

\_\_\_\_\_

Departure Airport

\_\_\_\_\_

Departure Date

\_\_\_\_\_

Departure Time

\_\_\_\_\_

Departure Airline and Flight #

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Roommate requested: \_\_\_\_\_

**Single Room**

I will pay an additional \$50 per night

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Emergency: \_\_\_\_\_

Contact Person

\_\_\_\_\_

Name

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Home Phone

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Guest Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sign if by fax. If submitting by email, type in name.

Invited By: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Email: \_\_\_\_\_

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