



Family Federation for World Peace and Unification

Original Divine Principle Workshop, Sept. 29 – Oct. 03, 2009

Registration Form

Please respond via **email:** Headquarter@What.org or by **fax:** **000-333-9999** • **District No.** _____

Your Full Name below

Gender: Male Female

Cash or Check

Registration Fee: \$500.00

First Name

Middle Name

Family Name

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

Honorific

Full Badge Name

Your Organization: _____

Your Position: _____

Mailing Address: _____

Street Name and Apt. No.

City

Country

State

Zip Code

Cell Phone

Home Phone

Office Phone

Office Fax

Email Address

Flight Arrival in Washington, DC

Arrival Airport

Arrival Date

Arrival Time

Arrival Airline and Flight #

Flight Departure from Washington, DC

Departure Airport

Departure Date

Departure Time

Departure Airline and Flight #

Roommate requested: _____

Single Room – I will pay
an additional **\$350** for the Workshop

Emergency: _____

Contact Person

Name

Cell Phone

Home Phone

Email Address: _____

Guest Signature: _____

Date: _____

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

Invited By: _____

Name

Cell Phone

Home Tel: _____

Email: _____