

Registration Fee

Original Divine Principle Workshop
Washington, DC Sept. 29 – Oct. 3, 2009

CREDIT CARD AUTHORIZATION HSA-UWC (FFWPU)

Please fill out, sign and send to Headquarters

Fax: 000-333-999 – email: Headquarter@What.org

No Later Than 6:00 PM EDT, Fri Sept. 25th, 2009

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: \$875.00

Please Charge my Card this Amount: \$ _____

Card Number: _____

Expiration Date: _____

Signature: _____

Telephone No: _____

Memo: _____

Paying For: _____

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