

Vision International Education Network
2010 Conference Registration Form
Heart of God Church - San Diego, California

Name: _____ **Title:** _____

Spouses Name: _____

Address: _____

Phone: _____ **Email:** _____

Church Name: _____

Pastor: _____

Resource Center ID: _____ **Director:** _____

Number of Participants*: _____

Total Registration Fee: (after Dec. 15, include late fees :) \$ _____ USD

Credit Card #

Type of Card: **Master Card** **Visa** **AmEx** **Discover**

Date of Expiration:

Name as it appears on the Card:

A conference information packet will be sent to you upon receipt of your registration. Hotel information will be included in your packet.

*Please fill out one form per person.

RETURN BY DECEMBER 15, 2009 TO:

Rachel Romero
Conference Coordinator
Email: rromero@vision.edu

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