



Name of Church :

Address :

Email :

Contact No.:

Name of Pastor / Elder :

The participants as listed in the Registration Form below are endorsed by the church to attend this seminar.

Pastor / Elder Signature

Church Chop

REGISTRATION FORM

| Closing Date : 16.3.2020 | Fee : RM30/Person |

Participant Name

Gender

Telephone / HP No.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

For Office Use Only

Receipt No.	Mode of Payment	Date of Payment	Amount (RM)

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 Kindly mail / fax / email your Bank-in-slip to - Address: 32 Jalan SS2/103, 47300 PJ
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