

REGISTRATION FORM (Please Print Clearly)

Name: _____

Email: _____

Method of Payment: Check Credit Card Amount Enclosed: \$_____ **Note: Payments are not refundable**

Visa MC AmEx Card Number: _____ / _____ / _____

Exp. Date: _____ / _____

Make check payable to **Michael Dottin Ministries / EGC** and mail to:

Charlotte Schulz
Emmanuel Gospel Center
PO Box 180245
Boston, MA 02118-0994

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