

## TRAINING REGISTRATION BY MAIL

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Organization/  
Denomination: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Course Cost: \_\_\_\_\_

Please mark if you are you receiving a scholarship and tell us the amount \_\_\_\_\_

### Payment Information:

I've enclosed my check (payable to FaithTrust Institute)

I'd like to pay by credit card:

Amount to Charge: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

*Please mail your payment and this completed form to FaithTrust Institute:*