FIRST GUEST IN THE ROOM

NAME:

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 (Mr. Mrs. Ms. Rev. Dr.)

AGE RANGE: UNDER 20 20-35 36-55 OVER 55

 ADDRESS:

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TEL. NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CELL HOME

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHURCH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL NEEDS: (Medical needs or Physical challenges) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NO. OF HEALING CONFERENCES ATTENDED\_\_\_\_\_\_\_\_\_

TRANSPORTATION REQUIRED:

KGN TO MOBAY ONLY

MOBAY TO KGN ONLY

ROUND TRIP

SECOND GUEST IN THE ROOM

NAME:

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 (Mr. Mrs. Ms. Rev. Dr.)

AGE RANGE: UNDER 20 20-35 36-55 OVER 55

 ADDRESS:

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TEL. NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CELL HOME

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHURCH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL NEEDS: (Medical needs or Physical challenges) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NO. OF HEALING CONFERENCES ATTENDED\_\_\_\_\_\_\_\_\_

TRANSPORTATION REQUIRED:

KGN TO MOBAY ONLY

MOBAY TO KGN ONLY

ROUND TRIP

THIRD GUEST IN THE ROOM

NAME:

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 (Mr. Mrs. Ms. Rev. Dr.)

AGE RANGE: UNDER 20 20-35 36-55 OVER 55

 ADDRESS:

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TEL. NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CELL HOME

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHURCH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL NEEDS: (Medical needs or Physical challenges) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NO. OF HEALING CONFERENCES ATTENDED\_\_\_\_\_\_\_\_\_

TRANSPORTATION REQUIRED:

KGN TO MOBAY ONLY

MOBAY TO KGN ONLY

ROUND TRIP