

## Registration

Seminar: \_\_\_\_\_

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

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

Phone # \_\_\_\_\_

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

Registration cost: \_\_\_\_\_

I am including: \$ \_\_\_\_\_ check  
made out to "Spring of Hope"

Signed: \_\_\_\_\_

Mail payment to:

Spring of Hope Ministries  
230 S. Potomac Street; Suite C  
Waynesboro, PA 17268

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