

REGISTRATION FORM FOR THE TEMECULA CENTER

- You may use the same form if you are attending with another student.
- Registrations without the correct amount of money accompanying them will be returned.

| | |
|---|---|
| <p>PERSON 1: (Please print)</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone: Day () _____ Eve. () _____</p> <p>E-mail (optional): _____</p> | <p>PERSON 2: (Please print)</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone: Day () _____ Eve. () _____</p> <p>E-mail (optional): _____</p> |
| <p><i>Some of our Workshops, Classes, & Discussions are videotaped. Please sign and date the Release Form below. If you do not want to be videotaped, you will be seated in the rear of the auditorium.</i></p> <p style="text-align: center;">* * * * RELEASE FORM * * * *</p> <p>I hereby grant the <i>Foundation for A COURSE IN MIRACLES</i>® permission to videotape me. I understand that the finished video may be sold to the public, as well as shown on the internet, and that I will receive no compensation for said videotape.</p> <p>_____ Signature</p> <p>_____ Date</p> | <p><i>Some of our Workshops, Classes, & Discussions are videotaped. Please sign and date the Release Form below. If you do not want to be videotaped, you will be seated in the rear of the auditorium.</i></p> <p style="text-align: center;">* * * * RELEASE FORM * * * *</p> <p>I hereby grant the <i>Foundation for A COURSE IN MIRACLES</i>® permission to videotape me. I understand that the finished video may be sold to the public, as well as shown on the internet, and that I will receive no compensation for said videotape.</p> <p>_____ Signature</p> <p>_____ Date</p> |

* * * * *

- Make check or money order payable to the Institute for Teaching Inner Peace through *A Course in Miracles*, or ITIP-ACIM (*US funds only, drawn on a US bank*), or provide credit card information to secure a place for the Foundation programs.

Note: If you are also ordering publications, please send separate payment.

Check or money order enclosed for \$ _____

Credit card information: American Express Discover MasterCard VISA

Person 1: Exp Date: _____ No. CVV2/CID Number: _____

Person 2: Exp Date: _____ No. CVV2/CID Number: _____

Important Credit card billing address if different from above:

Person 1: _____

Person 2: _____

- Signature(s) required:

Mail to: Institute
Foundation for A COURSE IN MIRACLES®
 41397 Buecking Drive
 Temecula, CA 92590
 FAX: 951.296.9117

REGISTRATION FORM (continued)

CALCULATE YOUR PAYMENT

AMOUNT HERE:

| Program Number | | Fee |
|----------------|----------|-----------|
| | Person 1 | \$ |
| | Person 2 | \$ |
| | Person 1 | \$ |
| | Person 2 | \$ |
| | Person 1 | \$ |
| | Person 2 | \$ |
| | Person 1 | \$ |
| | Person 2 | \$ |
| | Person 1 | \$ |
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| | Person 1 | \$ |
| | Person 2 | \$ |
| | Person 1 | \$ |
| | Person 2 | \$ |
| | Person 1 | \$ |
| | Person 2 | \$ |
| | Person 1 | \$ |
| | Person 2 | \$ |
| TOTAL | | \$ |