

**REGISTRATION FORM (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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