



HOPE FORCE INTERNATIONAL

TRAINING INTENSIVE COURSE REGISTRATION FORM

To confirm your participation, please complete the form below

Please print clearly.

First Name: _____ Middle Name _____ Last Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Fax: _____

Email: _____

Church: _____

Location & Date of Training requested _____

I have enclosed a check for the HFI Training Intensive:

Amount enclosed: \$ _____

Donation to the ongoing work of Hope Force: \$ _____

TOTAL ENCLOSED: \$ _____

Please make all checks payable to Hope Force International, include with your completed conference registration form and send to:

Hope Force International Training Intensive
ATTN: Registrar
7065 Moores Lane, Suite 200
Brentwood, TN 37027

You can also register online at www.hopeforce.org

Thank you! We are looking forward to our time together....