

# 2011 CONFERENCE REGISTRATION FORM

*Location: Word of His Grace Church & Ministry Center  
18706 North Creek Parkway, Suite 104, Bothell, WA 98011  
[www.thehealingcentre.us/wohg](http://www.thehealingcentre.us/wohg)*

***Send Registration to: IFM  
18706 North Creek Parkway, Suite 104, Bothell, WA 98011  
OR [ifm@ifm7.org](mailto:ifm@ifm7.org)***

Registrant's Name: \_\_\_\_\_ Check one: IFM Member  Non-Member

Spouse's Name: \_\_\_\_\_ Check one: IFM Member  Non-Member

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone 1: (\_\_\_\_) \_\_\_\_\_ Phone 2 Cell: (\_\_\_\_) \_\_\_\_\_

Name(s) of guests and/or family members attending with you:

\_\_\_\_\_ Check one: IFM Member  Non-Member

\_\_\_\_\_ Check one: IFM Member  Non-Member

\_\_\_\_\_ Check one: IFM Member  Non-Member

Could you host (provide lodging & transportation for) IFM members from out of town? Yes  No

If yes, how many would you be able to host? \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Couple

Are you able to be present for the IFM Members' Breakfast & Business Meeting on Saturday? Yes  No

Are you able to join us for pre-service prayer sessions? Yes  No

**For more information or to register online go to [www.ifm7.org](http://www.ifm7.org)  
Any questions contact IFM office Tuesday – Friday 8AM to 4PM  
(425) 486-4422, Fax: 425-486-4422 or e-mail [ifm@fim7.org](mailto:ifm@fim7.org)**

## ***Registration Fee***

\$15.00 per individual - \$20.00 per couple - \$30.00 family

OFFICE USE: Date Received \_\_\_\_\_ Check/Cash/Paypal \_\_\_\_\_

