



NATIONAL  
HOUSE *of* HOPE  
*healing* America's teens

## Seminar Registration

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

### Payment Method:

- Check or Money Order. Make payable to National House of Hope. (no cash please)

- Visa \_\_\_\_\_ AmEx \_\_\_\_\_ MasterCard \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card # \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_  
Located on right side of back signature panel.

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

### Seminar Selection:

- Individual Seminar Registration \$600
- Married Couple Seminar Registration \$900

The cost of the Seminar includes hotel accommodations for 3 nights at a local resort hotel, meals starting with Thursday's dinner through Saturday's lunch, and transportation to/from the hotel to House of Hope each day.

Date of Seminar: \_\_\_\_\_ Location: \_\_\_\_\_

Nights you will need hotel room: \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday

If you are sharing a room with anyone else, seminar attendee or otherwise, please indicate:

Name(s): \_\_\_\_\_

If you are making your own accommodations, please indicate where you can be reached in case of emergency or change of schedule. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please submit a registration form for each individual or married couple that will be attending the Seminar.

**Mail to:** House of Hope, P.O. Box 560484, Orlando, FL 32856