

# Biblical Response Therapy® Training Workshop

## Registration Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you become aware of this seminar?

Letter: \_\_\_\_\_ Newspaper: \_\_\_\_\_ Friend: \_\_\_\_\_ Internet: \_\_\_\_\_

Other: \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Religious preference: \_\_\_\_\_

What would you like to gain from attending this seminar?

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Thank you so much for making the choice to continue growing in your experience with the Lord!

*“Fear not, for I am with you; Be not dismayed, for I am your God. I will strengthen you, Yes, I will help you, I will uphold you with My righteous right hand.”*

Isaiah 41:10 NKJV

*“My Presence will go with you, and I will give you rest.”* Exodus 33:14 NKJV

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