



WOMEN OF FAITH[®]

2010 Registration Form

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone 1 (_____) _____ Phone 2 (_____) _____

E-mail _____

EVENT CITY Milwaukee DATE _____

2010 WEEKEND EVENT

(INCLUDES: All day Friday event, all day Saturday event and 2 box lunches.)

Group Seating (10+)

QTY

_____ x \$89 USD = \$ _____

TOTAL