



Shalom Outreach Inc. • 20th Anniversary Celebration
Saturday, November 11, 2017 • Renaissance Capital View

Tickets: \$85 each
Deposit: \$45 each/Non-Refundable
Balance Due No Later Than 10/1/17

ADVANCE PURCHASE REGISTRATION FORM

PRINT LEGIBLY

LAST Name _____ FIRST Name _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Email Address _____

Phone Number _____ Alternative Phone Number _____

Church/Organization Affiliation _____

Location _____

LAST Name _____ FIRST Name _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Email Address _____

Phone Number _____ Alternative Phone Number _____

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For Office Use Only:

Number of seats sold _____ Amount Paid _____

Payment: Cash _____ Check (number) _____ Credit _____
(Check one)

Credit Card Authorization: _____

Signature of cardholder authorizes Shalom Outreach International to process payment

Number: _____

Expiration date: _____ Security Code: _____

Name a person receiving the payment _____ Date: _____

Name of person processing the payment _____ Date: _____

Email Confirmation Sent (Date): _____ Initial: _____