

BREAKTHROUGH TRAINING

REGISTRATION FORM

November 10th- 13th, 2016

Doubletree Hotel

One Doubletree Drive, Rohnert Park, CA

First Name:

Preferred First Name:

Last Name:

Email Address:

Male

Female

Address:

City:

State:

Zip Code:

Country:

Home Phone:

Cell Phone:

Best Time to Call:

Occupation(s):

Date of Birth:

Age:

Number of Children: Who

Ages of Children:

referred you?

Your Church:

Pastor's Name:

Three Breakthroughs I am committed to in my life are:

1:

2:

3:

My purpose for attending is:

What would prevent me from attending is:

Please provide your email to receive your seminar information packet:

The registration fee for the Breakthrough Training is **\$460** and covers hard costs required to facilitate the training including rentals, materials, and other expenses. There is a voluntary offering received at the end of each training. The Association for Christian Character Development is a non-profit 501(c)(3). Online registration is also available at www.accd.org.

I will be paying the \$460 registration fee by:

Credit Card # _____ Exp: _____ Code on Back: _____



PLEASE EMAIL THIS FORM TO:

EMAIL atocchini@accd.org

REGISTER ONLINE AT: WWW.ACCD.ORG