

BREAKTHROUGH TRAINING

REGISTRATION FORM

November 3rd - 6th, 2016
Santa Rosa, CA

First Name:	Preferred First Name:	Last Name:
Email Address:	<input type="checkbox"/> Male	<input type="checkbox"/> 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:		
<input type="checkbox"/> Credit Card # _____	Exp: _____	Code on Back: _____



PLEASE FAX, OR EMAIL THIS FORM TO:

EMAIL atocchini@accd.org

REGISTER ONLINE AT: WWW.ACCD.ORG