



# HEALING CARE MINISTRIES LLC

*a ministry of formational prayer*

## the outpouring

Payment Form

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

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

Email: \_\_\_\_\_

- Enclosed is a check payable to "Healing Care Ministries"  
*Canadian Registrations: We would prefer a credit card payment to avoid currency adjustments and fees. If you have any questions or concerns, please contact us. Thank you!*

- Please charge the following credit card:

Name on Card *(if different from above)*: \_\_\_\_\_

Card Type: \_\_\_\_\_ *(Visa, MasterCard, Discover, American Express)*

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3-digit Security Code: \_\_\_\_\_ Amount to charge on this card: \$ \_\_\_\_\_

Enclosed is the payment information to confirm my registration for The Outpouring conference on November 14-16, 2011 at Faith Fellowship Church in Macedonia, OH. I will be notified via email when my registration payment is received. By signing below, I understand the registration fee is non-refundable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date