

# REGISTRATION FORM FOR THE TEMECULA CENTER

- You may use the same form if you are attending with another student.
- Registrations without the correct amount of money accompanying them will be returned.

<p><b>PERSON 1: (Please print)</b></p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone: Day ( ) _____ Eve. ( ) _____</p> <p>E-mail (optional): _____</p>	<p><b>PERSON 2: (Please print)</b></p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone: Day ( ) _____ Eve. ( ) _____</p> <p>E-mail (optional): _____</p>
<p><i>Some of our Workshops, Classes, &amp; Discussions are videotaped. Please sign and date the Release Form below. If you do not want to be videotaped, you will be seated in the rear of the auditorium.</i></p> <p style="text-align: center;"><b>* * * * RELEASE FORM * * * *</b></p> <p>I hereby grant the <i>Foundation for A COURSE IN MIRACLES</i>® permission to videotape me. I understand that the finished video may be sold to the public, as well as shown on the internet, and that I will receive no compensation for said videotape.</p> <p>_____ Signature</p> <p>_____ Date</p>	<p><i>Some of our Workshops, Classes, &amp; Discussions are videotaped. Please sign and date the Release Form below. If you do not want to be videotaped, you will be seated in the rear of the auditorium.</i></p> <p style="text-align: center;"><b>* * * * RELEASE FORM * * * *</b></p> <p>I hereby grant the <i>Foundation for A COURSE IN MIRACLES</i>® permission to videotape me. I understand that the finished video may be sold to the public, as well as shown on the internet, and that I will receive no compensation for said videotape.</p> <p>_____ Signature</p> <p>_____ Date</p>

\* \* \* \* \*

- Make check or money order payable to the Institute for Teaching Inner Peace through *A Course in Miracles*, or ITIP-ACIM (*US funds only, drawn on a US bank*), or provide credit card information to secure a place for the Foundation programs.

**Note:** If you are also ordering publications, please send separate payment.

Check or money order enclosed for \$ \_\_\_\_\_

Credit card information:       American Express       Discover       MasterCard       VISA

Person 1: Exp Date: \_\_\_\_\_ No.         CVV2/CID Number: \_\_\_\_\_

Person 2: Exp Date: \_\_\_\_\_ No.         CVV2/CID Number: \_\_\_\_\_

**Important** Credit card billing address if different from above:

Person 1: \_\_\_\_\_

Person 2: \_\_\_\_\_

- Signature(s) required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail to:** Institute  
*Foundation for A COURSE IN MIRACLES*®  
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