

For Office	Date _____
Use Only:	Time _____
	Initial _____

REGISTRATION FORM *House of Myrrh Ministries* presents:

Heart workshops: please register me for the following date(s): _____

Name: _____ Birth date: _____ - _____ - _____
Last First Preference for Nametag

Address: _____

City: _____ State: _____ Zip: _____

Phone: home= _____ business/pager/cell= _____

Fax: _____ E-mail: _____

Who referred you to ♥Change? _____

The person to be contacted in the event of an emergency is:

Name: _____ Relationship: _____

Phone numbers: _____

Because of friends of HeartChange who voluntarily open their homes to be a blessing, we have a limited amount of housing available. This is only for those who would not be able to attend without this assistance. Please inquire with the registrar for more information about this or hotel accommodations.

House of Myrrh Ministries: 1104 6th Street, Oregon City, OR 97045 Tel: (503) 557-5050
 Fax: 503 557-4856 E-mail: hom@q.com www.heartchange.org

- ♥Change
- ♥Design
- ♥Overflowing
- ♥Together
- ♥Recovery Wkshp
- Have you received HR _____
- ♥Change Livin' It
- ♥HCW—Training*
- ♥Marriage 911

(Please use different form for Kids HCW)
 * Alumni only

Male Female

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