

Lifesaving 201

Registration Form

February 6, 2010

Houston's First Baptist Church

Name: _____

Address/City/State/Zip: _____

Email address: _____ Phone# _____

Name of center where you are involved: _____

Name of city where center is located: _____

Are you a: _____ volunteer or _____ staff member

There will be two break-outs sessions at this conference.
Please indicate which TWO of the following would you like to attend?

- _____ Praying with power
- _____ Effectively presenting adoption
- _____ How sexual abuse impacts a woman's abortion decision
- _____ STD's
- _____ Understanding post-abortive clients
- _____ Promoting marriage (communicationg its value and importance)

Payment Options

_____ Check _____ Credit Card: MC VISA

Name on Card: _____

Card #: _____

Exp Date: _____ CID Code: _____ Billing Zip: _____

Register for the Lifesaving 201 Conference online at www.TexasLifeConections.org.
If you are unable to register on-line, please mail Lifesaving 201 Registration Forms to:
Texas Life Connections 4922 Firewheel Dr., Garland 75044