ONE DESIRE
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Seminar Registration Form

CHRISTIAN NAME:

SURNAME:

ADDRESS:

CONTACT NUMBER:

EMAIL:

METHOD OF PAYMENT: cash/cheque Amount Paid $
Cheques payable to AlphaNZ

Names of husband/wife/children attending seminar

Please post to: **Healing & Prophetic Seminar**
AlphaNZ
P O Box 591
Paraparaumu, 5254

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