

# MEN'S MINISTRY

Regional Training for Men's  
Ministry in Pregnancy  
Resource Centers

Presented by Jim Pye  
Maximum Impact Ministries  
Saturday, June 17, 2006  
9:30 a.m.—4:30 p.m.



Cost: \$50.00 each participant  
(plus manual \$15.00) includes lunch

HOSTED BY THE BURLESON PREGNANCY AID CENTER

250 NW Tarrant Ave Suite J, Burleson, Texas 76028

Phone: 817-295-4101

E-mail: [Corliss@usapathway.com](mailto:Corliss@usapathway.com) [www.pregnancyaid.org](http://www.pregnancyaid.org)

PLEASE MAIL COMPLETED REGISTRATION FORM(S) TO:

Burleson Pregnancy Aid Center

Attn: Corliss Carr

250 NW Tarrant Ave Suite J Burleson, Texas 76028 or fax to 817-295-1823  
817-295-4101

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

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please register the following participants to attend this training:

NAME: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Total Attending: \_\_\_\_\_ \$50.00 Each # of Manuals \_\_\_\_\_ (\$15.00 each)

Total Amount Due is: \_\_\_\_\_ (registration fees and manuals)

Check enclosed ( Please make payable to Burleson Pregnancy Aid Center)

Or by credit card  Visa  MasterCard Credit Card Number: \_\_\_\_\_

Exp Date \_\_\_\_\_ 3 digit security code \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Address for Card: \_\_\_\_\_

## Men's Training Registration

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Organization: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please register the following participants to attend this training:

NAME:

1.	_____	\$50.00
2.	_____	\$50.00
3.	_____	\$50.00
4.	_____	\$50.00
5.	_____	\$50.00

We will need # \_\_\_\_\_ of manuals at \$15.00 each. Total \_\_\_\_\_

Total Amount Due is: \_\_\_\_\_  
(registration fees and manuals)

\_\_\_ Check enclosed ( Please make payable to Burleson Pregnancy Aid Center)

Or by credit card \_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date \_\_\_\_\_  
3 digit security code \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_