

Interfaith Women in Religious Leadership Annual Retreat Registration Form January 23, 2012

Contact Information

_____		_____	
First Name		Last Name	
_____		_____	
Street Address		P.O. Box or Apartment/Unit Number	
_____		_____	
City	State	Zip Code	
_____		_____	
Phone		E-mail	

- I hope to attend the Maghrib prayer gathering at the Bawa Muhaiyaddeen Fellowship and Mosque

Payment Information

- Please see enclosed for my check made out to the **Interfaith Center** for \$35 (until Jan. 15th) or \$40 (after Jan. 15th)

Credit Card Information:

- Visa
 Master Card
 American Express
 Discover

Name on Card: _____ Amount: _____

Billing Address: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Please mail this form, with payment, to:
Interfaith Women in Religious Leadership Annual Retreat
Interfaith Center of Greater Philadelphia
3723 Chestnut Street
Philadelphia, PA 19104-3189

If you have any questions, please contact Maria Hornung at
meh@interfaithcenterpa.org

