The Life
NEW LIFE ANOINTED MINISTRIES INTERNATIONAL

Life University Registration Form

Please complete all that apply.

Date: _____

Personal Information

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Other _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Contact Phone # (1): _____

Contact Phone # (2): _____

School Selection:

❑ **Beacon Institute of Ministry** – ($180/per course – *cost includes ALL fees*)
❑ **E.V. Reeves School of Advanced Leadership** - ($100/13 sessions)
❑ **School of the Prophets** – ($125)
❑ **School of the Spiritual Warfare** – Foundational ($200); Intermediate/Advance ($300)
❑ **School of the Evangelists** – (2008/2009)
❑ **School of the Teachers** – (2008/2009)
❑ **School of the Pastors** – (2009)
❑ **School of the Apostles** – (2009)
❑ **School of the Intercessors** – (2009)

Note:* *See Schedules for Course Number

Course No.	Course	Amount
	Total	**$**

Payment Selection:

❑ Cashier Check: # _____ $ _____
❑ Money Order: # _____ $ _____
❑ Check: # _____ $ _____ *($25 NSF Fee)*

Credit Card: ❑ Visa ❑ MasterCard ❑ AMEX

Name on Card: _____ *(Same billing address must be above)*

CC#: | | | | | | | | | | | | | | | | | CID: _____

Expiration Date: _____

Amount: $ _____

Signature: _____
(*Authorization to charge Card)*

Note:* *Please make all checks/money orders payable to: NLAMI
Prices/Course Schedules subject to change

PLEASE PRINT CLEARLY

Rev. 27Feb08

DO NOT WRITE IN THIS SECTION (FOR ADMINSTRATIVE USE ONLY)