

REGISTRATION FORM

You may also register online at www.praxispeace.org

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY _____ State _____ Zip _____

PHONE _____ Cell _____

E-MAIL _____

NAME OF EVENT _____

Amount to Charge _____

Payment Options:

____ VISA ____ MASTERCARD ____ American Express ____ Check
Checks save us bank fees.

For more than one person, please use a 2nd form

Credit Card Number _____

Expiration Date _____ V Code (on back of credit card) _____

Signature _____

Checks should be made payable to **Praxis Peace Institute** and sent to:
Praxis Peace Institute, P.O. Box 523, Sonoma, CA 95476
Tel: 707-939-2973 – www.praxispeace.org