



## Registration Form

Full Legal Name: \_\_\_\_\_

Name You Go By: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

Church: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Pastor: \_\_\_\_\_

I want to sign up for an Estate Planning Interview: Yes \_\_\_\_\_ No \_\_\_\_\_

I want to receive the Georgia Baptist Foundation E-newsletter: Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments:

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