

PATH TO WISDOM
August 9-13, 2010
A Week of Spiritual Education
****SEE-in-the-Field REGISTRATION FORM**

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone: Home (____) _____ Work (____) _____ Mobile (____) _____

Do you need special accommodations for a physical disability? No Yes *(Please Circle)*

If yes, please describe _____

Unity Church Affiliation _____ City _____ State _____

SEE ID# _____ *(Required on Unity Institute form for credit. You have a SEE ID# if you have taken credit classes)*

Contact in case of medical emergency _____ Phone# (____) _____

Classes	Units	Tuition Fees		Credit	Total
		Early Bird through 6/30/2010	Postmarked 7/1/2010 & after		
Course Name	10	\$60	\$75	*\$36	
"Life of Prayer" Rev. Deidre Ashmore (M-T-W-Th-F, 8-9:50 am)	10	\$60	\$75		
"The Twelve Powers" Rev. Lisa Davis (M-T-W-Th-F, 10-11:50 am)	10	\$60	\$75		
"Metaphysics I: Part 2" Rev. Philip Zemke (M-T-W-Th-F, 10-11:50 am)	10	\$60	\$75		
"Bible Interpretation: Acts - Revelation" Rev. Billie Blain (M-T-W-Th-F, 1-2:50 pm)	10	\$60	\$75		
"Myrtle & Charles Fillmore on Healing & Wholeness, Part 2" Rev. Deidre Ashmore (M-T-W-Th-F, 1-2:50 pm)	10	\$60	\$75		
"Unity and The Tao: A Comparative Study of Daily Spiritual Practices " Rev. Philip Zemke (M-T-W-Th-F, 7-8:50 pm)	10	Love Offering	Love Offering		
Do you intend to purchase your books for class in the bookstore at Unity of Portland? ____ Yes ____ No					
Daily Lunch at Unity of Portland @ \$8 per meal (Include total amount in "Totals" Column) Please indicate days you wish to have lunch at the Church: Mon Tue Wed Thu Fri Veg					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Total Amount Paid					

*Unity Institute charges \$36 for each SEE course taken for credit; **Spiritual Enrichment and Education

Make check payable to: Unity Church of Portland *(Confirmation will be sent via email upon receipt of application)*

Charge to my credit card: ____ Visa ____ MasterCard ____ American Express ____ Discover

Credit Card#: _____ Expiration Date: _____

Name on Card: _____ Signature _____

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