



OSL

A MINISTRY OF
CHRISTIAN HEALING

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City: _____ State: _____ Zip: _____

SPEAKER / MISSIONER

Name: _____

Email Address: _____ Phone: _____

Speaker / Missioner Website: _____

OSL Member? Yes _____ No _____

CONFERENCE / MISSION NAME

CONFERENCE / MISSION DATE & TIME

EMAIL COMPLETED FORM TO OSL CORPORATE OFFICE

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