

## **CONFERENCE / MISSION INFORMATION**

Name:	
Email Address:	Phone:
Sponsoring Chapter / Church:	
<b>CONFERENCE / MISSION LO</b>	OCATION
Site:	
Address:	
City:	State: Zip:
SPEAKER / MISSIONER	
Name:	
Email Address:	Phone:
Speaker / Missioner Website:	

## **CONFERENCE / MISSION NAME**

## **CONFERENCE / MISSION DATE & TIME**

**EMAIL COMPLETED FORM TO** Sharing@OSLToday.org PO Box 780909 San Antonio, TX 78278-0909