

COMPLIMENTARY
PRACTITIONER SESSION

***As a new Member of
(church name)***

*is entitled to one complimentary
session from one of the partici-
pating Religious Science Practi-
tioners listed to the right:*

*The listing of Practitioners is
on the Ministry of Prayer Table
in the *(location)*

Issued *Date*

Valid through *Date*

***Participating Practitioners**

*List names of all participating practitio-
ners here.....*