

AFFIDAVIT OF COMPLETION

WWW.LIFEPOINTEMEDIA.COM

Please visit our website for the correct mailing address

Bible Book Name: DANIEL Volume No. 1
(If Applicable) (If Applicable)

Course Title: IRAQ...PAST, PRESENT AND PROPHESED

Lesson Titles:

- | | |
|------------------------------------|---|
| 1. <u>BABYLON A/K/A IRAQ</u> | 6. <u>NEBUCHADNEZZAR'S MYSTERIOUS DREAM</u> |
| 2. <u>THE FUTURE OF IRAQ</u> | 7. <u>A SHORT HISTORY OF THE WORLD</u> |
| 3. <u>THE BABYLONIAN CAPTIVITY</u> | 8. <u>DANIEL-THE STORY OF A WINNER</u> |
| 4. <u>THE LOST BOYS IN BABYLON</u> | 9. _____ |
| 5. <u>PUTTING GOD TO THE TEST</u> | 10. _____ |

I hereby certify that I have listened to the above listed lessons to meet the six-hour requirement for receiving one (1) CEU in Biblical Education towards my ACSI certification.

Jane M. Doe

(Faculty Member's Signature)

JULY 22, 2007

(Date)

JANE M. DOE

(Print name as it should appear on certificate)

J. M. Boss, Ed.D.

(Administrator's Signature)

EVERYWHERE CHRISTIAN SCHOOL

(School Name)

777 ANYSTREET, HOMETOWN, MI, 40000

(Complete School Address)

NOTE: Form must be filled out completely. Include payment if you are not the original purchaser of the course.



(Detach before mailing. Include bottom portion only for credit card orders)

TO RECEIVE YOUR CONTINUING EDUCATION UNIT (CEU) CERTIFICATE:

First user of CD course:

- ✓ Complete an audio course.
- ✓ Fill out and mail your Affidavit of Completion to the address at the top of the form.
- ✓ Receive your certificate by mail
(First user's fee is included in the purchase price of the CD course. All MP3 course submissions must include the fee)

Additional user or any MP3 course user:

- ✓ Complete an audio course.
- ✓ Fill out and return a separate Affidavit of Completion for each course completed.
- ✓ **Include your payment of \$15 (per certificate)**. TOTAL AMOUNT CHARGED: _____
- ✓ Receive your certificate by mail.

You may pay by credit card. Include card type, credit card number, expiration date, security code from back of credit card, cardholder's name, billing address for the card, and a phone number. If you would like a receipt, please provide an email address.

TYPE OF CARD (Circle one): VISA MASTER CARD DISCOVER AMEX DINERS JCB

CARD NUMBER: _____ EXP. DATE: _____ CODE: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE _____

PHONE: _____ EMAIL: _____

Allow 5 business days and normal mailing time for your certificate to arrive. If you have any questions, please contact Carol at (616) 460-1227, or via email at carol@lifepointemedia.com