

The Stream in the Desert the outpouring

November 14-16, 2011

Faith Fellowship Church
10277 Valley View Road
Macedonia, OH 44056

Pre-Registration Cost: \$99 / \$119 *at the door*
Pre-Registration: by Wednesday, November 9th.

*Registration cost includes Morning, Afternoon & Group Sessions.
Evening Sessions are open [free] to the public.*

Sponsored by:  **HEALING CARE**
a ministry of formational prayer

To register for this event:

Fill out & send to:

Healing Care Ministries . PO Box 772 . Ashland, OH 44805

OR

Register online:

www.healingcare.org/outpouring

Name: _____

Email: _____

Address: _____

City: _____ **State/Providence:** _____

Zip/Postal Code: _____ **Country:** _____

Phone: _____

Church: _____

Volunteer Code: _____

CONTINUED →

Event Schedule:

MONDAY

3:00 PM – 5:00 PM Upper Room Prayer
5:00 PM – 6:30 PM Registration / Reception
7:00 PM **Evening Session:**
Worship / Speaker [open]

TUESDAY

8:00 AM – 9:30 AM Upper Room Prayer
9:30 AM – 12:00 PM **Morning Session:**
Worship / Speaker / Group
12:00 PM – 1:30 PM Lunch
1:30 PM – 3:00 PM **Afternoon Session:**
Speaker / Group
3:30 PM – 5:00 PM Experientials / Workshops
5:00 PM – 7:00 PM Dinner
7:00 PM **Evening Session:**
Worship / Speaker [open]

WEDNESDAY

8:00 AM – 9:30 AM Upper Room Prayer
9:30 AM – 12:00 PM **Morning Session:**
Worship / Speaker / Group
12:00 PM – 1:30 PM Lunch
1:30 PM – 3:00 PM Experientials / Workshops
3:30 PM – 5:00 PM **Afternoon Session:**
Speaker / Group
5:00 PM – 7:00 PM Dinner
7:00 PM **Evening Session:**
Worship / Speaker [open]

The Stream in the Desert Themes:

From Broken Cisterns to Living Water
I Give You Power and Authority
The Feast that is Jesus
The Holy Spirit in the Life of Christ
More Lord

Experientials/Workshops:

Prayer Labyrinth	Icon Table
Intro to Spiritual Warfare	The 6 R's
The Healing Power of Blessings	Visio-Divina

Worship:

Led by Aaron Wardle & The Outpouring Band

Healing Care Ministries
PO Box 772
Ashland, OH 44805-0772

For more information: www.healingcare.org
Email us: info@healingcare.org

Enclosed is a check payable to "Healing Care Ministries" for the amount of \$ _____

Please charge the following credit card:

Name on Card: _____ Card Type: _____

Card Number: _____ Expiration Date: _____

3-digit security code: _____ Amount to Charge: \$ _____

Enclosed is the credit card information to confirm my registration for The Outpouring conference on November 14-16, 2011 at Faith Fellowship Church in Macedonia, OH. I will be notified via email when my registration payment is received. By signing below, I understand the registration fee is non-refundable.

Signature

Date