

A white map of Australia is centered on a green background with radiating lines. The text 'ICCRS Charism School Australia' is written across the map. Below the map, there is an illustration of five stylized human figures in various colors (red, blue, yellow, white, green) with their arms raised, and rays of light emanating from above them.

ICCRS Charism School Australia

27 - 31 March 2019



INTERNATIONAL CATHOLIC
CHARISMATIC RENEWAL SERVICES

GUEST SPEAKERS



ANN BRERETON

ICCRS Council Member and Chairperson
Aust. CCR National Service Committee



DEACON CHRISTOFF HEMBERGER

ICCRS Vice President representing the CCR
in Northern and Western Europe

LAUNCH OF THE FIRST ICCRS CHARISM SCHOOL

MELBOURNE, AUSTRALIA

27-31 MARCH 2019

VENUE

Catholic Charismatic Renewal
Centre, 101 Holden Street
North Fitzroy.

Take tram 96 from Bourke Street,
near Southern Cross Station to
Brunswick Road, Stop No. 22.
Short walk down Holden Street
to CCR Centre.

PROGRAMME

The program will consist of excellent
teachings, dynamic workshops,
anointed Praise and Worship and
daily Mass. Melbourne is hosting this
International ICCRS CHARISM
School being launched for the first
time for the Worldwide Charismatic
Renewal.

Lunch and Refreshments provided.

For further enquiries phone the
CCR Centre on 9486 6544.

 **ICCRS** INTERNATIONAL CATHOLIC
CHARISMATIC RENEWAL SERVICES

REGISTRATION FORM

One form per person. *Please print clearly.*

TITLE: MR MRS MS REV BR SR

FIRST NAME:

SURNAME:

ADDRESS:

CITY/STATE:

POSTCODE:

PHONE:

EMAIL:

REGISTRATION: FULL CONFERENCE REGISTRATION \$595.

DEPOSIT ENCLOSED:

TOTAL AMOUNT ENCLOSED \$

BALANCE \$

PAYABLE BY 01/03/2019

PAYMENT METHOD: CHEQUE VISA MASTERCARD DIRECT DEBIT

CARD NUMBER: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

NAME ON CARD:

EXPIRY DATE: _ _ / _ _ _ _

CCV NO: _ _ _

SIGNED

PLEASE MAKE CHEQUES PAYABLE TO:

Catholic Charismatic Renewal

DETACH AND MAIL FORM TO:

Catholic Charismatic Renewal
101 Holden Street, North Fitzroy, VIC. 3068

DIRECT DEBIT:

BSB: 033 135
A/C NO: 230074
REF: "SURNAME"

OFFICE USE ONLY:

DATE:

RECEIPT NO:

AMOUNT:

NOTE: If paying by EFT please email registration form and bank deposit receipt to centre@ccr.org.au