If the cry of your heart is: "God, send me!", then come be equipped to minister to those who need God's touch. If you have a desire to heal the sick through the laying on of hands or to minister to people's other needs through fervent and effectual prayer, Christian please register. Any interested in learning Biblical principles of prayer and healing will benefit from this training. "The student is not above the teacher, but everyone who is fully trained will be like their teacher." (Luke 6:40)

The International Association of Healing Rooms is a Christian organization that has one purpose and one purpose only -- to pray for those that need God's touch. This ministry was birthed not only out of a fervent passion to see God's healing and miracle-working power manifested, but to have God impact every area of a person's life.

The Prayer and Healing Rooms of Greater Syracuse are the only authorized International Assoc, of Healing Rooms (IAHR) in the Syr. area. IAHR is based in Spokane, Washington. There are over 3100 IAHR Healing Rooms worldwide.

It is our *desire* to demonstrate the power of prayer and healing to the Body of Christ. It is our *purpose* to not only pray for needs and healing, but to equip and release believers into ministry according to Mark 16:17. In turn, the Body of Christ can bring God's power to the world.

A CALL TO MINISTRY

Five Tuesdays May 1, 8, 15, 22, 29 6:30 - 9:30 PM

YOU MUST ATTEND ALL FIVE SESSIONS TO BE ELIGIBLE TO MINISTER IN THE HEALING ROOMS

THE PRAYER AND HEALING
ROOMS OF GREATER SYRACUSE
TRAINING HOSTED AT:

1ST CHRISTIAN ASSEMBLY 705 HAMILTON STREET SYRACUSE, NY 13204



"AND THEY SHALL LAY HANDS ON THE SICK AND THEY SHALL RECOVER." (MAL 4:2)

IAHR HEALING ROOMS TRAINING

REGISTRATION FEE: \$50

REGISTRATION DEADLINE: APRIL 29

PLS MAKE CHECKS OUT AND MAIL TO: TO HIS GLORY MINISTRIES, P.O. BOX 15031, SYRACUSE, NY 13215

TO REGISTER ONLINE VIA CREDIT CARD, GO TO: HEALINGSYRACUSE.COM OR CALL 315-395-9674.

INCLUDES TRAINING MANUAL AND CERTIFICATE OF COMPLETION.

REGISTRATION FORM:

Name(s):	
Address:	
CITY: STATE:	_
ZIP CODE:	
PHONE:	_
EMAIL:	_
HOME CHURCH:	_
Pastor's Name:	_
TOTAL AMOUNT:	_
I AM INTERESTED IN SERVING IN THE	
HEALING ROOMS: YES NO	_