



OSL Conference/Mission Information

Coordinator

Name: _____
Phone #: _____ Email: _____
Sponsoring Chapter/Church: _____

Conference/Mission Location

Site: _____
Address: _____
City: _____ State: _____ Zip: _____

Speaker/Missioner

Name: _____
Phone #: _____ Email: _____
Speaker/Missioner Website (if applicable): _____

OSL Member? (Please Check One) Yes _____ No _____

Conference/Mission Name

Conference/Mission Date(s) & Times

Mail or email completed form to OSL Office:

OSLResourceCenter@satx.rr.com

P.O. Box 780909

San Antonio, TX 78278-0909