

REGISTRATION FORM *(please print)*

Name _____

Street _____

City _____

State _____ Zip _____

Telephone _____

Email _____

Parish _____

If registering more than one person, please print above information on a separate sheet and attach to this form.

Your cancelled check is your receipt.
No tickets will be mailed.

Conference Cost (please check category):

- \$30 pp until March 30; \$35 pp after March 30
- \$15 - women religious (RSVP by March 30)

Cost includes lunch.

- Check for vegetarian lunch.*

Amount enclosed: \$ _____

- *Registration cost is non-refundable*
- Scholarships available for students in need. Call 413-452-0812 for information
- Send registration form and make check payable to:

Catholic Women's Conference
Diocese of Springfield
P.O. Box 1730
Springfield, MA 01102-1730

*For more information, please call the
Catholic Women's Conference phone line:
413-452-0812*