

REGISTRATION FORM

**COMPLETED FORM AND CHECK
TO BE RETURNED TO DIOCESAN
OFFICE BY JANUARY 17, 2011**

2011 DIOCESAN CONVENTION

Friday & Saturday, February 25-26, 2011
St. Matthew's Church, Louisville, Kentucky

NAME: *Please print name as you wish it to appear on nametags.*

_____ Position: *Circle one.*
Clergy/Lay Deputy/Youth Rep/Other _____

Address: _____
Street/Box City State Zip

Telephone: Home () _____ Office () _____

e-mail address _____

Parish/Organization _____

Clergy _____ x \$120 = \$ _____ Includes Convention meals & Banquet

Lay Deputy _____ x \$120 = \$ _____ Includes Convention meals & Banquet

Youth Rep. _____ x \$120 = \$ _____ Includes Convention meals & Banquet

Other*: _____ x \$120 = \$ _____ Includes Convention meals & Banquet

**alternates, diocesan staff, visitors, exhibitors, clergy spouses, etc.*

Banquet Only _____ x \$ 35 = \$ _____

Retired Clergy _____ x \$ 35 = \$ _____

TOTAL AMOUNT DUE: \$ _____

Do you have any special food requirements? _____
Will you require childcare on Friday night? _____ Ages of children _____
Will you require childcare on Saturday? _____ Ages of children _____
Do you need handicapped parking? _____

Make check payable to: **TRUSTEES AND COUNCIL** (Mark for "Convention")
Send to: Diocese of Kentucky
425 South Second Street, Suite 200
Louisville, KY 40202-1475

Please copy for each Deputy & Clergy person attending