

**REGISTRATION FORM**

**COMPLETED FORM AND CHECK  
TO BE RETURNED TO DIOCESAN  
OFFICE BY JANUARY 17, 2009**

**2009 DIOCESAN CONVENTION**

Friday & Saturday, February 27-28, 2009

Four Rivers' Deanery

NAME(S): *Please print names as you wish them to appear on nametags.*

- 1. \_\_\_\_\_ Position: *Circle one.*  
Clergy/Lay Deputy/Youth Rep/Other \_\_\_\_\_
- 2. \_\_\_\_\_ Position: *Circle one.*  
Clergy/Lay Deputy/Youth Rep/Other \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Box City State Zip

Telephone: Home ( ) \_\_\_\_\_ Office ( ) \_\_\_\_\_

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**  
**Marked "For Diocesan Convention"**

Send to: **Diocese of Kentucky**  
**425 South Second Street, Suite 200**  
**Louisville, KY 40202-1475**

*Please copy for each Deputy & Clergy person attending*