

You Shall Be My Witnesses ... (Acts 1:8) – Registration Form

Hebrew Catholics and the Mission of the Church

A Catholic Conference at the Renaissance St Louis Airport Hotel • Oct 1-3 2010

Name _____ Phone _____

Address _____

City/State _____ Zip _____

Email _____

Name of Parish _____ Diocese _____

If registering more than one person, please list names on reverse side.

(#) _____ Adults @ \$35 (\$40 after 9/15) \$ _____

(#) _____ Young Adults (12-25) @ \$15 (\$20 after 9/15) \$ _____

(#) _____ Children (5-11) @ \$5 \$ _____

(#) _____ Family (same household @ \$80) \$ _____

(#) ___ Adults (#) ___ Young Adults (#) ___ Children

(#) _____ Group of 8 or more @ \$25 ea. (\$30 ea. after 9/15) \$ _____

(#) _____ Total Registering Total enclosed \$ _____

(#) _____ Priests No Charge

I wish to concelebrate Mass: ___ Friday ___ Saturday ___ Sunday

I wish to hear confessions: ___ Friday ___ Saturday ___ Sunday

(#) _____ Deacons No Charge

I wish to assist at Mass ___ Friday ___ Saturday ___ Sunday

(#) _____ Vowed Religious No Charge

To register, choose one of the following three options:

1. Call (314) 535-4242, (314) 423-1075, or fax (314) 423-9975

2. Mail check or money order payable to:

AHC Conference of St. Louis

8015 Monroe Ave • St Louis MO 63114-6317

3. Mail charge card info below to address above.

___ Visa ___ MC ___ Discover Name on card _____

Acct #: _____ Exp date _____

CIN# _____ last 3 numbers on back of card

Signature: _____

Registration fees are non-refundable

Badges will be mailed prior to conference

***** Register by Sept 15, 2010 for early registration fee discounts *****