

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 (includes lunch)

- \$30 pp until April 9; \$35 pp after April 9
- \$15. - women religious (RSVP by April 9)
- Check for vegetarian lunch.*

Amount enclosed: \$ _____

- *Registration cost is non-refundable*
- *Make check payable to:*

RC Bishop of Springfield
and send registration form to :
Catholic Women's Conference
P.O. Box 1730
Springfield, MA 01102-1730

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

Bellamy Middle School is handicapped accessible.