

**A CONFERENCE PRESENTED BY
THE DIOCESE OF SPRINGFIELD**

REGISTRATION FORM

NAME: _____

ADDRESS: _____

City State Zip Code

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

CHURCH: _____
Name City

ROOM REQUEST:
_____ Single \$72
_____ Double \$42
_____ Commuter \$12

If you are requesting a Double room please provide the name of your roommate here:

Roommate: _____

Amount enclosed: _____ Check #: _____

Payment must accompany registration and be received in the Diocesan Office no later than March 6, 2007.

Please mail this form and your payment to:

Diocese of Springfield
Attention: Mrs. Sue Spring
821 South Second Street
Springfield, IL 62704