

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)

- \$35 pp until April 8; \$40 pp after April 8
or
- \$15 - for women religious (RSVP by April 8)
 - Check for vegetarian lunch.***
 - Check for gluten free lunch.***

Amount enclosed: \$_____

- ***Registration cost is non-refundable***
- **Please make check payable to:
RC Bishop of Springfield**
- **Send check & 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.