

Salt Lake City Diocesan Council of Catholic Women  
**April 26-27, 2025 CONVENTION REGISTRATION FORM for Package C**

- Registration form for Package C. **Must be postmarked on or before 3/21/2025.**
- Banquet seating (**Tables of 8**) is based on when registrations are received. **No money or reservations will be taken the evening prior to or the evening of the Banquet.**
- **On this Package C (Banquet only) Registration form please list all Banquet only attendees, Religious, and Woman of the Year and/or guests with meal choice.**
- **Chef's choice as to Special Dietary restrictions.**
- **Please submit registration forms by parish, paying with one check payable to "DCCW".**
- **No Refunds after April 11, 2025.** Refunds will only be given after this date, if DCCW can resell the registration. DCCW has to pay for all meals ordered.

Reservation Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parish: \_\_\_\_\_ Deanery: \_\_\_\_\_

Woman of the Year name: \_\_\_\_\_

Please list below the Priest, Deacon, and Religious, attending with their Title and Meal Choice.

	<b>Print Names Clearly</b> <b>(For Name Badges)</b>	<b>Banquet Only</b> <b>\$96 (C)</b> <b>✓ Meal Choice</b> <b>Salmon      Short Ribs</b>			
1					
		Special Dietary/Needs:			
2					
		Special Dietary/Needs:			
3					
		Special Dietary/Needs:			
4					
		Special Dietary/Needs:			
5					
		Special Dietary/Needs:			
6					
		Special Dietary/Needs:			
7					
		Special Dietary/Needs:			
8					
		Special Dietary/Needs:			

~CONTINUED~

	<b>Print Names Clearly</b> <b>(For Name Badges)</b>	<b>Banquet Only</b> <b>\$96 (C)</b> <b>✓ Meal Choice</b> <b>Salmon      Short Ribs</b>				
1						
		Special Dietary/Needs:				
2						
		Special Dietary/Needs:				
3						
		Special Dietary/Needs:				
4						
		Special Dietary/Needs:				
5						
		Special Dietary/Needs:				
6						
		Special Dietary/Needs:				
7						
		Special Dietary/Needs:				
8						
		Special Dietary/Needs:				
1						
		Special Dietary/Needs:				
2						
		Special Dietary/Needs:				
3						
		Special Dietary/Needs:				
4						
		Special Dietary/Needs:				

~CONTINUED~

	<b>Print Names Clearly</b> <b>(For Name Badges)</b>	<b>Banquet Only</b> <b>\$96 (C)</b> <b>✓ Meal Choice</b> <b>Salmon      Short Ribs</b>			
5					
		Special Dietary/Needs:			
6					
		Special Dietary/Needs:			
7					
		Special Dietary/Needs:			
8					
		Special Dietary/Needs:			

**TOTAL: PACKAGE C \_\_\_\_\_ x \$96 = \_\_\_\_\_**

**Late fee of \$20 per Registration will be applied after 3/21/2025**

**Form Total: \$ \_\_\_\_\_**

**PARISH TOTAL PAID: \$ \_\_\_\_\_**

**Please add \$20.00 per registrant if not postmarked on  
or before March 21, 2025**

Retain a copy of this form and payment for your records

**MAKE CHECKS PAYABLE TO: DCCW**

**Mail to Convention Registration Chair:**

**Cheryl Johnson**  
**2407 E. Summerfield Lane**  
**Sandy, UT 84092**  
**Cell: 801-520-1808**  
**cjohnson@q.com**