

Salt Lake City Diocesan Council of Catholic Women

April 27-28, 2019 Convention Registration Form

- Registrations, including all Woman of the Year banquet guests, **must be postmarked on or before 3/27/2019.**
- Banquet seating is based on when registrations are received.
- *If possible, please submit registration by parish, paying with one check payable to "DCCW".*
- Please list the guests of the Woman of the Year together to aid in banquet seating.
- Tables are assigned in groups of ten (10).
- Available meal substitutions due to special dietary needs are at the discretion of the hotel.
- No refunds after 4/6/2019

Reservation Contact Name: _____

Phone: _____ Email: _____

Parish: _____ Deanery: _____

Woman of the year: _____

Religious attending (with title): _____

	<u>Print Names Clearly</u> (For Name Badges)	Full convention \$125 (A)	Saturday Only \$60 (B)	Banquet Only \$40 (C)	Sunday Only \$30 (D)	✓ IF FIRST TIME Attendee	✓ If WOY GUEST TABLE 10/Table
1							
		Special Diet/Needs:					
2							
		Special Diet/Needs:					
3							
		Special Diet/Needs:					
4							
		Special Diet/Needs:					
5							
		Special Diet/Needs:					
6							
		Special Diet/Needs:					
7							
		Special Diet/Needs:					
8							
		Special Diet/Needs:					
9							
		Special Diet/Needs:					
10							
		Special Diet/Needs:					

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	<u>Print Names Clearly</u> (For Name Badges)	Full convention \$125 (A)	Saturday Only \$60 (B)	Banquet Only \$40 (C)	Sunday Only \$30 (D)	✓ IF FIRST TIME Attendee	✓ IF WOY GUEST TABLE 10/table
11							
		Special Diet/Needs:					
12							
		Special Diet/Needs:					
13							
		Special Diet/Needs:					
14							
		Special Diet/Needs:					
15							
		Special Diet/Needs:					
16							
		Special Diet/Needs:					
17							
		Special Diet/Needs:					
18							
		Special Diet/Needs:					
19							
		Special Diet/Needs:					
20							
		Special Diet/Needs:					

TOTAL PACKAGE A _____ x \$125 = _____

Total 1st Time Attendees: _____

PACKAGE B _____ x \$ 60 = _____

PACKAGE C _____ x \$ 40 = _____

PACKAGE D _____ x \$ 30 = _____

Applicable Late fees after 3/27/19: \$10 ea. = _____

TOTAL \$ _____

No refunds issued after April 6, 2019

TOTAL AMOUNT PAID: \$ _____

Please add \$10.00 per registrant if not postmarked
on or before March 27, 2019

Retain a copy of this form and payment for your records

MAKE CHECKS PAYABLE TO: DCCW

Mail to Convention Registration Chair:

Pat Voorhes
2273 E. Tara Lane #3
Holladay, UT 84117
cell: 801-712-5792
patthebaglady@gmail.com