

Salt Lake City Diocesan Council of Catholic Women

April 28-29, 2018 Convention Registration Form

Registrations, including all Woman of the Year banquet guests, must be postmarked on or before March 26, 2018. NOTE: Banquet seating is based on when registrations are received.

If possible, please submit registration by parish, paying with one check payable to "DCCW". No refunds after April 7, 2018.
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.

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 3/26/18: \$10 ea. = _____

TOTAL \$ _____ - No refunds issued after April 7, 2018

TOTAL AMOUNT PAID: \$ _____

Please add \$10.00 per registrant if not postmarked
On or before March 26, 2018

Retain a copy of this form and payment for your records

MAKE CHECKS PAYABLE TO: DCCW

Mail to Convention Registration Chair:

Kathy Jones
115 West 200 North
Centerville, UT 84014-3508

Home Phone: 801-292-4752 Cell: 801-589-3960
K_M_Jones@msn.com