

## Salt Lake City Diocesan Council of Catholic Women

### April 25-26, 2020 Convention Registration Form

- Registrations, including all Woman of the Year banquet guests, **must be postmarked on or before 3/25/2020.**
- 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 4/4/2020

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

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

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

Woman of the year: \_\_\_\_\_

Religious attending (with title): \_\_\_\_\_

	<b><u>Print Names Clearly</u></b> <b>(For Name Badges)</b>	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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	<b><u>Print Names Clearly</u></b> <b>(For Name Badges)</b>	<b>Full convention \$125 (A)</b>	<b>Saturday Only \$60 (B)</b>	<b>Banquet Only \$40 (C)</b>	<b>Sunday Only \$30 (D)</b>	<b>✓ IF FIRST TIME Attendee</b>	<b>✓ IF WOY GUEST TABLE 10/table</b>
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 1<sup>st</sup> Time Attendees: \_\_\_\_\_

PACKAGE B \_\_\_\_\_ x \$ 60 = \_\_\_\_\_

PACKAGE C \_\_\_\_\_ x \$ 40 = \_\_\_\_\_

PACKAGE D \_\_\_\_\_ x \$ 30 = \_\_\_\_\_

Applicable Late fees after 3/25/2020: \$10 ea. = \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

No refunds issued after April 4, 2020

**TOTAL AMOUNT PAID: \$ \_\_\_\_\_**

Please add \$10.00 per registrant if not postmarked  
on or before March 25, 2020

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  
Home: 801-572-6480  
cjjohnson@q.com