

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

- Registration form for Packages A, B & D. **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 the separate 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: \_\_\_\_\_

	<b>Print Names Clearly</b> (For Name Badges)	Full Convention \$282 (A) ✓ Banquet Meal Choice Salmon Short Ribs	Saturday \$126 (B)* *Banquet not included	Sunday Only \$75 (D)	✓ IF FIRST TIME Attendee
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>Full Convention</b> <b>\$282 (A)</b> ✓ <b>Banquet Meal Choice</b> <b>Salmon      Short Ribs</b>	<b>Saturday</b> <b>\$126 (B)*</b> *Banquet not included	<b>Sunday</b> <b>Only</b> <b>\$75 (D)</b>	✓ <b>IF FIRST</b> <b>TIME</b> <b>Attendee</b>
9					
		Special Dietary/Needs:			
10					
		Special Dietary/Needs:			
11					
		Special Dietary/Needs:			
12					
		Special Dietary/Needs:			
13					
		Special Dietary/Needs:			
14					
		Special Dietary/Needs:			
15					
		Special Dietary/Needs:			
16					
		Special Dietary/Needs:			
17					
		Special Dietary/Needs:			
18					
		Special Dietary/Needs:			
19					
		Special Dietary/Needs:			
20					
		Special Dietary/Needs:			

~CONTINUED~

	<b>Print Names Clearly</b> <b>(For Name Badges)</b>	<b>Full Convention</b> <b>\$282 (A)</b> ✓ <b>Banquet Meal Choice</b> <b>Salmon      Short Ribs</b>	<b>Saturday</b> <b>\$126 (B)*</b> *Banquet not included	<b>Sunday</b> <b>Only</b> <b>\$75 (D)</b>	✓ <b>IF FIRST</b> <b>TIME</b> <b>Attendee</b>
21					
		Special Dietary/Needs:			
22					
		Special Dietary/Needs:			
23					
		Special Dietary/Needs:			
24					
		Special Dietary/Needs:			

**TOTAL: PACKAGE A** \_\_\_\_\_ **x \$282 =** \_\_\_\_\_      **Total 1st Time Attendees:** \_\_\_\_\_  
**PACKAGE B** \_\_\_\_\_ **x \$126 =** \_\_\_\_\_  
**PACKAGE D** \_\_\_\_\_ **x \$75 =** \_\_\_\_\_

**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**