

Salt Lake City Diocesan Council of Catholic Women
April 18-19, 2026 CONVENTION REGISTRATION FORM for Packages A,B & D

- Registration form for Packages A, B & D. **Must be postmarked on or before 3/15/2026.**
- 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 4, 2026.** 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: _____

	<u>Print Names Clearly</u> (For Name Badges)	Full Convention \$285 (A) ✓ Banquet Meal Choice Red Snapper Short Ribs	Saturday (Day Only)* \$130 (B) *Does not inc. Banquet	Sunday Only \$78 (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:			
9					
		Special Dietary/Needs:			
10					
		Special Dietary/Needs:			

~CONTINUED~

	<u>Print Names Clearly</u> (For Name Badges)	Full Convention \$282 (A) ✓ Banquet Meal Choice Red Snapper Short Ribs	Saturday (Day Only) \$130 (B) *Does not inc. Banquet	Sunday Only \$78 (D)	✓ IF FIRST TIME Attendee
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:			

TOTAL: PACKAGE A _____ x \$285 = _____
 PACKAGE B _____ x \$130 = _____
 PACKAGE D _____ x \$ 78 = _____

Total 1st Time Attendees: _____

Late fee of \$20 per Registration will be applied after 3/15/2026.

***Please note the number of registered ladies that will be taking a bus to the Cathedral for Mass on Saturday evening: _____ Thank You!**

PARISH TOTAL PAID: \$ _____
Please add \$20.00 per registrant if not postmarked
on or before March 15, 2026
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@myctl.net