

Salt Lake City Diocesan Council of Catholic Women  
**April 18-19, 2026 CONVENTION REGISTRATION FORM for Package C**

- Registration form for Package C. **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 this 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: \_\_\_\_\_

Please list below the Priest, Deacon, and Religious, attending with their Title and Meal Choice.

	<b><u>Print Names Clearly</u></b> <b>(For Name Badges)</b>	<b>Banquet Only</b> <b>\$98 (C)</b> <b>✓ Meal Choice</b> <b>Red Snapper Short Ribs</b>				
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:				

	<b><u>Print Names Clearly</u></b> <b>(For Name Badges)</b>	<b>Banquet Only</b> <b>\$98 (C)</b> <b>✓ Meal Choice</b> <b>Red Snapper Short Ribs</b>			
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 C \_\_\_\_\_ x \$98 = \_\_\_\_\_

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

**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**