Registration

Flip form if Clergy/Religious/Seminarian



Name		Phone Number ()	
Address		Email	
City/State		Zip Code	
Name of Parish		Diocese	
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	x x x SUBTOTAL E/S	Zip Code Diocese X	

NOTE: We strongly encourage you to pre-register as SEATING IS LIMITED. Please DO NOT mail your Registration Form AFTER October 1st, Monday. BRING IT WITH YOU AT THE CONFERENCE. You may also register and pay online via FAITH DIRECT: https://membership.faithdirect.net/events/details/1651 or

EVENTBRITE: https://www.eventbrite.com/e/2018-marian-conference-tickets-48717307779.

Clergy/Religious/Seminarian Registration Form

Name	Phone Number ()		
Address			
City/State	Zip Code		
Name of Parish	Diocese		
() Priest	FREE		
() I wish to Concelebrate at Mass			
() Friday – Opening Mass (3:00 PM)			
() Saturday – Mass with Anointing or	f the Sick (8:00 AM)		
() Saturday – Candlelight Procession and Closing Mass (6:15 PM)			
() I am available to hear Confessions			
() Friday () 6:00 PM () 7:00	OPM () 8:00 PM () 9:00PM		
() Saturday () 3:00 PM () 4:00	OPM () 5:00 PM () 6:00PM		
() Deacon/Religious/Seminarian	FREE		
() I wish to assist at Mass			
() Friday – Opening Mass (3:00 PM)			
() Saturday – Mass with Anointing or	f the Sick (8:00 AM)		
() Saturday — Candlelight Procession	and Closing Mass (6:15 PM)		