

# **2019 MARIAN CONFERENCE Registration Form**

Name \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parish \_\_\_\_\_ Diocese \_\_\_\_\_

If registering more than one person, please list names on reverse side.

# \_\_\_\_\_ Adults @ \$35 (\$40 after 12/31).....\$ \_\_\_\_\_

# \_\_\_\_\_ Young Adults (12-25) @ \$15.....\$ \_\_\_\_\_

# \_\_\_\_\_ Children (5-11) @ \$5.....\$ \_\_\_\_\_

# \_\_\_\_\_ Family Rate (same household) @ \$80.....\$ \_\_\_\_\_

# \_\_\_\_\_ Adults    # \_\_\_\_\_ Young Adults    # \_\_\_\_\_ Children

# \_\_\_\_\_ Priests.....NO CHARGE

( ) I am a priest and I wish to Concelebrate Mass

( ) Friday ( ) Saturday ( ) Sunday

Hear Confessions ( ) Friday ( ) Saturday ( ) Sunday

# \_\_\_\_\_ Vowed Religious    # \_\_\_\_\_ Deacons.....NO CHARGE

( ) I am a Deacon and I wish to assist at Mass

( ) Friday ( ) Saturday ( ) Sunday

# \_\_\_\_\_ GROUP RATE (8 or more) @ \$30 ea.

(\$25 ea. prior to 12/31).....\$ \_\_\_\_\_

# \_\_\_\_\_ Total Registering    TOTAL AMOUNT Enclosed \$ \_\_\_\_\_

Make checks or money order payable to:

**St. Louis Marian Conference**

**8015 Monroe Street**

**Saint Louis, Missouri 63114**

**(314) 401-1707 fax (314) 423-9973**

( ) VISA    ( ) MC    ( ) DISCOVER

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CIN No. \_\_\_\_\_(back of card last 3 numbers)

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Registration fees are non-refundable. Badges will be mailed prior to the Conference.