



Registration Form

Religious Education Congress 2009 – November 7, 2009

CONTACT PERSON		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Parish</i>	<i>Town</i>	
<i>Mailing Address</i>		
<i>Phone Number (please, include area code)</i>	<i>Email</i>	

TOTAL NUMBER ATTENDING: _____

	LAST NAME	FIRST NAME	MIDDLE INITIAL
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

- ♣ Registration for Congress (includes lunch): \$ 27.50 per person (PRE-PAID)
- ♣ Return form with payment by **OCTOBER 15 2009**. Send this form to:

Office of Religious Education
 467 Bloomfield Avenue
 Bloomfield, CT 06002-2999
- ♣ Find directions on our website www.orehartford.org. Do not call St. Paul High School.
- ♣ No refunds after October 22 2009.
- ♣ For more information, call us (860-243-9465), send us a fax (860-243-9690), email us (info@orehartford.org), or visit us on the web: www.orehartford.org