

# Registration Form

*Please retain a copy for your records*

**Passport I**  
Friday, June 25 - 1:00 p.m. to Saturday, June 26 - 12 p.m.

**Passport II**  
Saturday, June 26 - 1:00 p.m. to Sunday, June 27 - 12 p.m.

**Evening Events are open to all participants.**  
*No fee*  
Friday Evening - 7:30 - 9:00 p.m. Theological Reflection  
Saturday Evening - 7:15-9:00 p.m. Presentation and Mass  
*Social to follow both evenings*

Please check only one in each time frame.

	<u>Passport III</u>	<u>Passport IV</u>	<u>Guided Prayer</u>
Friday 1:30 p.m. – 5 p.m.	<input type="checkbox"/> Understanding Catechesis	<input type="checkbox"/> Mary & the Saints	
Saturday 8:30 a.m. – 12 p.m.	<input type="checkbox"/> Catechizing for a Just World	<input type="checkbox"/> Ecumenism	<input type="checkbox"/> Guided Prayer #1
Saturday 1:30 p.m. – 5 p.m.	<input type="checkbox"/> Building Community	<input type="checkbox"/> Sacramental Theology	<input type="checkbox"/> Guided Prayer #2
Sunday 8:30 a.m. – 12 p.m.	<input type="checkbox"/> Maintaining Professional Balance	<input type="checkbox"/> Ecclesiology	<input type="checkbox"/> Guided Prayer #3

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Parish*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Parish Phone*

\_\_\_\_\_  
*Email*

Fee Structure: (Full payment is expected with registration)		Amount
Part 1 (2 days) \$125*	Part II (2 days) \$125*	\$ _____
<i>*Fees for Parts I or II include overnight accommodations, 3 meals, snacks, and all program materials.</i>		
Part III	\$25/topic	\$ _____
Part IV	\$25/topic	\$ _____
Guided Prayer Experience	\$25 per session	\$ _____
Overnight Accommodations	\$45/night <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	\$ _____
Meals <input type="checkbox"/> Friday Supper \$8		\$ _____
<input type="checkbox"/> Saturday Breakfast \$6	<input type="checkbox"/> Lunch \$10	\$ _____
<input type="checkbox"/> Sunday Breakfast \$6	<input type="checkbox"/> Supper \$8	\$ _____
<b>Amount Due</b>		<b>\$ _____</b>
<i>Amount Enclosed \$ _____ (make checks payable to NECDDRE)</i>		
<b><i>Mail checks and registration to: Olive S. Greene, 604 West Taft Avenue, Bridgeport, CT 06604</i></b>		
<b>SPACE IS LIMITED – REGISTER BY JUNE 11, 2010</b>		