

Pre-Register By Mail
Conference Date: October 24, 2015, 9 AM – 5PM

Print this pre-registration form, complete, and mail to the address below by
OCTOBER 14, 2015, so we can plan for your continental breakfast.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-Mail: _____

List Additional Registrations On Additional Page

_____ Number of People (Pre-Registration) @ \$25 Each Total \$ _____

Registration Fee Includes Continental Breakfast. Bring Your Own Brown Bag Lunch

At-the-Door Registration Fee: \$30 Each

(Pre-Registration Tickets Will Be Mailed Back To You)

Checks Payable To and Mail To: CRO
194 Gaylor Road
Scarsdale, New York 10583

For Information Call: (914) 725-1773 or (914)737-4286

Website: www.CatholicCharismaticNY.org

Pre-Register By Mail (Additional Registrations)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-Mail: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-Mail: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-Mail: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-Mail: _____