

2010 MIDWEST CLSA CONFERENCE REGISTRATION

Please complete all items on this form and mail or fax to the address or fax number below. A confirmation of your registration will be emailed to you once it has been processed. If there are multiple registrations listed please list the primary contact for your group first. Multiple registrations will be processed on one credit card or one check invoice. **Individual registrations should complete a single form.** The Conference will be held on April 12-14, 2010 at the Downtown Marriott Hotel in Louisville, Kentucky. A full Conference program outline will be sent to you after the first of the year. Thank you for your interest in this year's Midwest Conference.

REGISTRANT(S)

Registrant/Primary Contact or Single Registrant

Email Address

Registrant Name

Email Address

Registrant Name

Email Address

Registrant Name

Email Address

Registrant Name

Email Address

CONTACT INFORMATION

Archdiocese

Address (for invoice billing)

Address

City/State/Zip

Phone

Fax

BILLING INFORMATION

Please send an invoice for fees to the address at left

Please bill the credit card indicated below

Credit Card Type (VISA, MasterCard, AMEX, Discover)

Billing Address for Statements

City/State/Zip

Credit Card Number

Expiration Date

Security Code (on back of card)

Authorization Signature



MIDWEST CLSA CONFERENCE

C/O The Chancery-Tribunal Office
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FAX: (502) 585-2466