



Please print clearly.

First and Last Name(s) _____

First Name(s) for Name Tag if different than above _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

You will receive confirmation by email

_____ Check here if you are an active member of the Association of Diocesan Liaisons.

	Spring Rate	Summer Rate	Regular Rate	Amounts
	Thru 6/30	7/1-8/31	9/1 to Event	
Individual	\$69	\$89	\$99	\$
Married Couple	\$125	\$165	\$185	\$
Saturday Dinner (per person)	\$35	\$35	\$35	\$
Young Adult (35 and under)	\$40	\$40	\$40	\$

Please consider a donation to support the mission of the National Service Committee and to help others to attend who cannot find local resources \$ _____

TOTAL \$ _____

Make check payable to: **National Service Committee--No postdated checks.** Or use your credit card--**Visa or MasterCard.** Registrations will **NOT** be processed without payment.

Name as it appears on Credit Card: _____

_____ Exp. Date _____ CVC _____

You will receive confirmation by email or mail. Fax to: 540-972-0627
 Mail to: Empowered by the Spirit National Conference PO Box 628 Locust Grove, VA 22508
Faxed or mailed Registrations are **due by October 16** to receive materials in the mail. You may register online until October 23 for on-site pick-up. After October 23 please register on-site.