

# Winter Conference January 27, 2018

Please print clearly

CK # _____ Credit/Cash
AMT _____
DOC _____
Date Pd. _____
Winter Conference

Name \_\_\_\_\_

Other names: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Cell ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Email \_\_\_\_\_

Parish \_\_\_\_\_

Registration is \$20 and includes lunch.

Please check the payment method: Cash  Check  Credit/Debit Card

# Registering \_\_\_\_\_ @ \$20 person \$ \_\_\_\_\_

Donation \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

*Please make checks payable to: Catholic Charismatic Center*

Mail Form & Payment to:

Winter Conference  
Catholic Charismatic Center  
1412 - 5<sup>th</sup> St. NW  
Albuquerque, NM 87102-1334



Name on credit/debit card: \_\_\_\_\_

Card # : \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_ Security Code: \_\_\_\_\_

I authorize the Catholic Charismatic Center to charge my credit card for \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_