## Power and Purpose Conference June 9-11, 2017

## Pittsburgh Group Registration

If you would prefer to register online (credit/debit card only) you can do so at <a href="https://steubenvilleconferences.com/adult/ppc/">https://steubenvilleconferences.com/adult/ppc/</a>

To receive the discounted rate (for first time attendees), under "Participant Information" list that you were recommended by a friend. For friend's name, put ""Katrina Buchko." Under the question "Are you coming as part of a group?" select Katrina Buchko as the group leader.

Title	_ First Na	ame	Last Name	
Gender:	Male _	Female		
Address				
City		State	Zip Code	
Home Pho	ne	V	Vork Phone	
Cell Phone				
Email			CC Email	
Name of per How many Do you pland Do you pland Are you att	erson you we times have n to take par n to be part ending the c	, , ,	Buchko d this event? 0/1/2/3/4/5 or (see steubenvilleconferences.com) Yes/Noromotion Yes/No?	ı
First Time Regula Early B Reg. fo	Attendee R r Rate \$140 ird Rate (po r ages 18-30		<b>15</b> year) <b>\$65</b>	
Regula Early B Reg. fo	r ages 18-30	ates stmarked by 4/7/17) \$1 ) (please provide birth ind Religious Sisters ar	year) <b>\$85</b>	
Priest Reg Priest (		Housing & meal plan of	charges still apply)	
Shared	non A/C Ro A/C Room	nom \$80 per person (in \$100 per person (includ nom \$110 per person (i	des both nights)	
* if you hav	e a roomma	te preference, please li	st their name here:	
Meal Plan 6 meal	(optional) plan <b>\$67</b>			

Special Needs:  Please make our requests two weeks prior to the start of the conference  Assistive hearing system needed Sign interpretation required					
If you have any medical conditions first aid should be aware of, please list below:					
Emergency Contact Name					
Emergency Contact Phone					
For any other physical needs, please email <a href="mailto:conferences@franciscan.edu">conferences@franciscan.edu</a>					
For questions regarding special dietary needs, please call 740-283-6315 or email <a href="maincampus.allergies@gmail.com">maincampus.allergies@gmail.com</a>					
Your TotalRegistration Fee\$Meal Fee\$Housing Fee\$Donation (for financial assistance)\$Total Amount Enclosed\$					
Payment  Check (made payable to Franciscan University) Credit Card (signature required for authorization)  MasterCard Visa Discover					
Name on Card					
Card Number Exp. Date					
Signature					
Please mail to Franciscan University Christian Outreach Office - Adult Registration 1235 University Blvd. Steubenville, OH 43952					
Cancellation & Refund Policy Your registration fee will be refunded if requested before the start of the conference. Housing & meal fees will be reimbursed only if the request is received 5 business days before the start of the conference. All refunds are subject to a \$25 per person cancellation fee. Refund requests must be made in writing. Refunds may take up to 4 weeks to process.					
Please contact the Steubenville Conferences Office at 740-283-6315 or <a href="mailto:conferences@franciscan.edu">conferences@franciscan.edu</a> with any questions.					
Office use only: Date: Init: Confirmation:					