

# 2019 Priests, Deacons, and Seminarians Retreat - Registration Form

Mail to: Franciscan University, ATTN Adult Conferences, 1235 University Blvd, Steubenville, OH 43952

PERSONAL INFORMATION									
Title:		First Name:		Last Name:					
DOB:	/ /	Address:				Address 2/ Apartment:			
City:				State/ Province:		Zip:		Country:	
Phone:					Email:				
Diocese:					Parish:				
Emergency Contact Name:					Emergency Contact Phone:				
REGISTRATION DETAILS									
<i>If you would like to register via check or simply register via this form, please fill it out to completion so that our team can register you effectively. Once we have received this form and completed your registration, you will receive a confirmation email.</i>									
Conference					Franciscan University accepts payment in U.S. funds only.				
This form is to register for the <b>Priests, Deacons and Seminarians Retreat, June 17-21, 2019.</b>					Registration Total:		\$		
Registration Type (choose one)					Housing Total:		\$		
<input type="checkbox"/>	Early Bird (select one): <input type="radio"/> \$186 (before 2/28) <input type="radio"/> \$206 (before 3/31)				Meal Plan Total:		\$		
<input type="checkbox"/>	\$226 Regular Registration (after 3/31)				Shuttle Total:		\$		
<input type="checkbox"/>	For the above, select one: <input type="radio"/> Priest <input type="radio"/> Deacon				Donation (optional):		\$		
<input type="checkbox"/>	FREE Seminarian Registration (includes housing and meal plan)				*Bring a Friend Discount:		\$		
Accommodations (optional; shuttles are to/from Pittsburgh Airport only)					(-\$100 if eligible)				
<input type="checkbox"/>	\$195 Housing - Private A/C Room				Grand Total:		\$		
<input type="checkbox"/>	\$155 Meal Plan (12 meals; begins with dinner on Monday)								
<input type="checkbox"/>	\$30 Arrival Shuttle (6/17): <input type="radio"/> 1p <input type="radio"/> 3p								
<input type="checkbox"/>	\$30 Departure Shuttle (6/21): <input type="radio"/> 11a <input type="radio"/> 1p								
Are you attending this event as part of a group?					Have you attended this conference in the past?				
<input type="checkbox"/>	No				No, this is my first time attending				
<input type="checkbox"/>	Yes. Ambassador's Name:				Yes. How many times?: 1 / 2 / 3 / 4 / 5 or _____				
Are you interested in learning about our Ambassador Program?					Were you invited to this conference by a friend? If no, how did you hear?				
<input type="radio"/> Ambassador <input type="radio"/> Bring a Friend <input type="radio"/> No <input type="radio"/> Unsure					No. How?				
Allergies:					Yes. Friends Name:				
Roommate Preference:					*If it is your first time and you were invited by a friend, you are eligible to receive our Bring a Friend Discount of \$100.				
PAYMENT INFORMATION									
<i>In order to complete your registration, input your credit card information or attach a check.</i>									
Credit Card #:	-	-	-	Expiration	/	CVC (near signature)			
Signature: Approval to charge card							Date:		

Please contact us for questions or concerns: [conferences@franciscan.edu](mailto:conferences@franciscan.edu) or 740-283-6315.  
 Visit our website for more information or to register online: [www.steubenvilleconferences.com](http://www.steubenvilleconferences.com).

