

# 2024 Steubenville Youth Conference Payment Form

*\*This form must accompany all mailed Main Campus Conference payments\**

Circle one:

**Main Campus 1**  
June 21-23, 2024

**Main Campus 2**  
June 28-30, 2024

**Main Campus 3**  
July 12-14, 2024

**Main Campus 4**  
July 19-21, 2024

## Group Information

Group Leader Name: \_\_\_\_\_ Group Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Due Dates

**Deposit:** Due within two (2) weeks of registration date. **Late deposit payments will result in 10% late fee or potential loss of spots.**

**Remaining Balance:** *The remaining balance of any deposited spots not dropped prior to May 1, 2024 must be paid for in full five (5) weeks before the start of the conference. Any spots added after May 1, 2024 must be paid in full within 2 weeks of adding the spot/registration.*  
**Late final payments will result in 10% late fee.**

## Payment Information

**Select how payment should be applied to your registration.**

	# of spots	Total Amount
<input type="checkbox"/> Deposits:	_____ x \$50	\$ _____
<input type="checkbox"/> Remaining Balance:		
On Campus	_____ x \$210	\$ _____
Off Campus	_____ x \$185	\$ _____
<b>Total Payment Enclosed</b>		<b>\$ _____</b>

## Payment Method

**Select method of payment. Must be in U.S. funds.**

☐ **Credit Card – fill in authorization below\*\***

☐ **Check/Money Order # \_\_\_\_\_**

Make payable to **Franciscan University** and mail with this completed form to:

Franciscan Center for Evangelization and  
Renewal  
Attn: Conference Registration  
114 Brady Circle E  
Steubenville, OH 43952

**Credit Card Payment Authorization** \*\*If you prefer, you can make a secure payment online at any time using the link provided in your conference registration confirmation email or contact us for the payment link.\*\*

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ ☐ **Master Card** ☐ **Visa** ☐ **Discover** ☐ **AMEX**

Name as it appears on card: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

*I, the above named, authorize Franciscan University of Steubenville to charge my credit card for the amount listed in Total Payment Enclosed line above.*

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**This is NOT a registration form. You must register online at [steubenvilleconferences.com](http://steubenvilleconferences.com).  
If you have any questions, please contact 740-283-6315 or [conferences@franciscan.edu](mailto:conferences@franciscan.edu).**