

REGISTRATION FORM
DIOCESAN CATECHETICAL CONFERENCE, NOVEMBER 14, 2009 Sheraton Reston, Reston, VA

Since information for registering participants will come from a central Diocesan database, all information below must be filled out
***PLEASE FILL OUT COMPLETELY* (Please Print)**

NAME: _____ **Are you a Catechist () Youth Minister () Teacher ()?**

PARISH/SCHOOL (Required) _____

HOME PHONE ONLY (Required) _____

HOME ADDRESS (Required) _____

PLEASE INDICATE IF YOU ARE FROM A SCHOOL OR A PARISH

Advance selection of workshops is required. Each registrant will be assigned **one** morning and **one** afternoon workshop for a **total of two**.
Assignment of workshops will be made in the order in which registrations are received. When registering, please use the speaker's name.
(example: 1st choice- Fr. Riley).

(1st choice) _____ (2nd choice) _____

(3rd choice) _____ (4th choice) _____

Parishes and schools will be billed directly for accounting purposes. **PLEASE DO NOT SEND CHECK WHEN REGISTERING**

Participants not covered by parish/school billing may make their check payable to **Catholic Diocese of Arlington** and the check has to be mailed to: Diocese of Arlington, PO Box 1960, Merrifield, VA 22116-1960. **Please mail registration by November 6 to Office of Catechetics, Attn: Karen Buentello, 200 N. Glebe Rd., Suite 503, Arlington, VA 22203; fax to Karen Buentello at 703-524-8670 or email to Karen at k.buentello@arlingtondiocese.org.**

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