



National Conference of Vicars for Religious

National Assembly

Theme: _____

Dates _____

REGISTRATION FORM

Name _____

(Arch) Diocese _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell# _____ E-mail _____

Emergency Contact: Name _____ Phone _____

Assembly Fee, Room & Board: \$525.00 _____

Extra Days - (Includes meals) \$ 50.00 per day (# ___ of days) _____

TOTAL _____

Please let us know of any dietary needs _____

This is my **first** NCVR Assembly: _____ This is my **last** NCVR Assembly: _____

Please indicate if you will be attending the new vicars' orientation: yes _____ no _____

Please return this Registration Form and check made payable to **NCVR:**

Mail Dues to:

Sr. Mariette Moan, ASCJ
Treasurer
467 Bloomfield Avenue
Bloomfield, CT 06002

Mail Registration to:

Sr. Gilmory Kay, RSM NCVR
Secretary
PO Box 29260 Washington, DC
20017-0260

E-mail: kayg@adw.org

Deadline for Registration Form return: _____