



NCVR Eastern Region Registration

Name:__

Diocese:__

Address:__

Email__

Phone (cell)__

Do you have any special needs?

__ housing

__ food

Please indicate your need

Thank you. We will do our best to accommodate you.

**Please mail this form and a check for \$310 made out to:
NCVR Eastern Region**

Forms and check should be sent to:

**Sr. Gilmary Kay RSM
Delegate for Consecrated Life
PO Box 29260
Washington, DC 20017**