



2016 NAHNS Convention Registration Form

Sponsored by the Pennsylvania Association of the Holy Name Society

Convention Dates: Wednesday, September 28 through Sunday, October 2, 2016

Advanced registration is requested. Please register early!

All registrations must be received on or before August 31, 2016.

For more information: send an e-mail to John Bradley zoomerbrad@gmail.com
or, via phone: Karen Kubulak 732.826.3979

The registration fee is \$250 per person if the registration is received on or before July 31, 2016. The registration fee is \$300 per person if received after July 31, 2016. The registration fee includes all convention materials; the convention tour on Thursday; Friday and Saturday evening meals, Saturday training sessions and training materials.

An "al la carte" pricing structure is on the next page – for those not registering for the full convention.

Registration Information:

Name(s): _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
Phone # (_____) _____ Email: _____
Parish: _____ (Arch)diocese: _____
Any Allergies? _____

Please include a check payable to: Holy Name Convention 2016

Mail check and completed registration form to:

Holy Name Convention 2016
ATTN: Dolores E. Trojak
P. O. Box 1294
Havertown, PA 19083



Registration for Individual Events During the Convention

This form is to be used by people who are not registering for the full convention but wish to instead attend only specific events.

Fees for Individual Events (for those not registering for the full convention):

<u>Item</u>	<u>Price Each</u>	<u>Quantity</u>	<u>Total Price</u>
General Tour on Thursday	\$50.00		
President's Reception and Banquet (Friday Night)	\$50.00		
Observer's Tour (Friday)	\$50.00		
Training Session and Training Materials (Saturday)	\$15.00 *		
Awards Banquet (Saturday Evening)	\$50.00		
Total \$ Amount			

* The fee for the Saturday Training Session is waived for those attending the Awards Banquet

Registration Information:

Name(s): _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone # (_____) _____ Email: _____

Parish: _____ (Arch)diocese: _____

Any Allergies? _____

Please include a check payable to: Holy Name Convention 2016

Remittance Amount: _____

Mail check and completed registration form to:

Holy Name Convention 2016
 ATTN: Dolores E. Trojak
 P. O. Box 1294
 Havertown, PA 19083