

Registration for DLC Annual Meeting, October 1-4, 2010, Maryknoll, NY

Name _____

Congregation/Province/Affiliation _____

Office Phone _____ Cell Phone _____ Email _____

Arrival Day/Date _____ Projected Arrival Time _____

Departure Day/Date _____ Departure Time _____

Travel Plans

_____ I will arrive by Car – Train – Plane (Circle your means of travel)

_____ I would appreciate a ride from Westchester Airport.

Arrival time _____ Airline _____ Flight Number _____

_____ I need parking space at Maryknoll from _____ to _____

Special Needs

Need consideration regarding difficulty: climbing stairs _____ Special Diet (please indicate) _____

I would be open to housing in the Hilltop Building (5 minute walking distance). Yes _____ No _____

Seating

_____ I would like to be seated at a French-Spanish-English speaking table (Circle your preference)

New Members Meeting (for those in 1st of leadership)

_____ I will attend the *New Members Orientation*, Friday, October 1, 1:30pm-3pm

Collaborative Dominican Novitiate Meeting

_____ I will attend the CDN Meeting on Friday, October 1, 9:30am-12pm

Sunday Trips (Mark in order of preference 1-4)

___ The United Nations ___ Ellis Island and *the Women and Spirit Exhibit* ___ Maryknoll Visitors Center ___ On my own

Registration/Meeting Fee

_____ Meeting Fee \$300 (Includes \$50 nonrefundable deposit)(Your canceled check is your confirmation) \$ _____

Commuter Fee (Friday through Monday- includes meals, socials, and snacks)

_____ \$100 – I will be staying off campus and commuting daily – I will not be present for breakfast. \$ _____

Room and Board

Please indicate (X) the days you will be staying overnight at Maryknoll and multiply the number by \$60.

(This includes your room, all meals, socials, and snacks)

_____ Sept 28 _____ Sept 29 _____ Sept 30 _____ Oct 1 _____ Oct 2 _____ Oct 3 _____ Oct 4 \$ _____

To assist in meal planning, please indicate (X) the meals for which you will be present

Wednesday, Sept 29: _____ Breakfast _____ Dinner _____ Supper

Thursday, Sept 30: _____ Breakfast _____ Dinner _____ Supper

Friday, Oct 1: _____ Breakfast _____ Dinner _____ Supper

Saturday, Oct 2: _____ Breakfast _____ Dinner _____ Supper

Sunday, Oct 3 _____ Breakfast _____ Bag Lunch provided for all - Dinner on your own on your field trip

Monday, Oct 4: _____ Breakfast _____ Lunch _____ Banquet

Tuesday, Oct 5: _____ Breakfast **Total** \$ _____

Please enclose this form, a check payable to DLC, and send them no later than **September 10, 2010** to:

DLC, 1515 West Ogden Ave., La Grange Park, IL 60526 Thank you

For Office Use Only Date Registration Received _____ Amount _____ Check # _____