REGISTRATION FORM ORLANDO DIOCESAN COUNCIL OF CATHOLIC WOMEN 56TH ANNUAL CONVENTION APRIL 20th TO 22nd, 2024

Florida Hotel & Conference Center - Orlando

Please	print or type the following:				
Name:	First Last			Phone ()	
	s:				
	Street Address:		City Fir	zip st Name for Badge:	
	tion:			ery:	
				ne Attendee Orientation? Yes No	
rnsi u	me attendee: Tes No will you attend	ı ille F	1181 111	ne Attendee Orientation? Tes No)
	I have <u>MEDICAL</u> <u>dietary restrictions</u> . (Please attach deanery, to the registration form) <u>Arrangements must be</u>				
Conver Delega carry v	: If you are a designated representative for an affiliation varion Alternate Delegate Vote form (available on the ODC te to be valid, she must be a full-time attendee. Retain a country of the to Convention. Diocesan Board votes are not transection of the tra	CCW vopy of	vebsite) this for ble.	and include it with registration form. For	Alternate
	Affiliation President			Member at Large	
	Affiliation Deanery Board Representative	1		Clergy	
	1	1		Religious	
	Diocesan Board Member (vote not transferrable)			Guest	
PLEA	SE CHECK: Part-Time or Full-Time convention evo	ents ai	nd fun	ctions you plan to attend:	
	Saturday Registration includes Lunch & Welcome Dinner				\$95.00
	Sunday Registration includes Lunch & Games Social Reception with Purse Auction Monday Registration includes Esteemed Life Recognition luncheon				\$95.00
					\$95.00
	Monday Banquet (additional cost ticketed event)				\$70.00 \$285.00
	Full-Time Convention Package: includes registration fee, lunches, banquet & additional events				
PLEA	SE CHECK: your Monday Banquet meal prefer	ence:		Beef Salmon Chick	en
	 REGISTRATION DEADLINES: Convention Registration—April 5, 2024 Banquet Only Registration — April 5, 2024 			Full Time Convention Package	\$
•				Saturday Attendance	\$
	\$25 Late Registration Fee (after April 5, 2024)			Sunday Attendance	\$
	Subject to availability refunds will be issued after APRIL 12, 2024			Monday Attendance	\$
	No Exceptions.			Banquet Attendance Only	\$
Checks and Money Orders should be payable to: ODCCW, INC Use ODCCW Credit Card Authorization Form for credit card pay Mail or email all registration paperwork to: Margarita Pecoraro				1	\$
				Late Fee (\$25)	
				TOTAL AMOUNT ENCLOSED	\$
Emai	1884 Bel Court, Indialantic, FL 32903 l: margaritapecoraro@gmail.com Phone/Text: 321-4	112-88	54		

For Registrar Use Only: Date Received _____ Amount: ____ CC ____ Check

Hotel booking link: Please go to ODCCW website https://www.odccw.com, use menu dropdown, click on Resources, ODCCW Convention 2024 – Hotel Reservation Link. Room Rate \$119 per night per room. Deadline: March 27, 2024.