

2018 National Workshop on Christian Unity Registration Form

Sheraton Hilton, Georgia Avenue, Silver Spring, Maryland

CADEIO (Catholic Association of Diocesan Ecumenical and Interreligious Officers)

I will attend:

- | | | |
|--|--|-----------------------|
| <input type="checkbox"/> The Full Workshop | Includes National Workshop registration fee, \$340 (*\$365 after 23 March), and CADEIO registration fee of \$100 per person (required). | \$440 / *\$465 |
| <input type="checkbox"/> The Full Workshop (First Time Attendee) | Includes National Workshop registration fee, \$300 (*\$325 after 23 March), and CADEIO registration fee of \$100 per person (required). | \$400 / *\$425 |
| <input type="checkbox"/> The Full Workshop (Student Registration) | Includes National Workshop registration fee, \$100 + additional CADEIO registration fee for students, \$50. | \$150 |
| <input type="checkbox"/> One-Day Registration | NWCU one-day fee \$100 + additional CADEIO one-day fee, \$25. | \$125 |
| <input type="checkbox"/> Wednesday Dinner Banquet | (included in Full Workshop Registration) additional fee for Student/One Day Registrations \$50 (*\$55 after 23 March) # of Tickets _____ | \$50 / *\$55 |

Network fees are per person and cover network breakfast, information materials and other network expenses. Also, please note that each Network welcomes all to participate in their regular meetings and discussions, but for official Network matters, only appointed Network members can vote.

I am enclosing \$ _____ with this registration form, made payable to : **NWCU 2018**
mail to : **Attn: James Biegler, PO BOX 52, Ellison Bay, WI 54210-0052**

Attendee Information

Please print information as you would like it to appear in the Workshop Booklet.

Please check if you DO NOT wish to be listed in the Workshop Booklet.

Title _____ Name _____

Address _____

Email _____

Cell phone _____ Home phone _____ Office phone _____ Fax _____

Please provide your name and role as you would like it to appear on your name badge: _____
Title and name for name badge _____
Role/position for name badge _____

Please check if you are: Female Male Laity Clergy Student Under 35
Are you the Ecumenical/Interreligious Officer / Conference Chair for your jurisdiction? Yes No
If you are not, please list his/her name and email below.

Name _____
Email _____ Phone (if known) _____

Please don't forget hotel reservations
Ask for the special NWCU rate!
Sheraton Hotel, Georgia Ave,
Silver Spring, MD ~ 844-489-2401 or
visit NWCU.org/Hotel Reservations

Network/Denomination Information

Diocese/Synod/Conference _____ Region _____

Church/Congregation/Organization _____ City/State _____

Do you have any special needs? Yes No Please include them on the reverse side of this registration form.
How many Workshops have you attended? _____ Will you be attending the closing brunch on Thursday? Yes No
Please indicate below the Seminar you plan to attend for each of the three scheduled seminar sessions:

Tuesday Offsite Excursion - select one 2:45pm-5pm

Wednesday Afternoon Seminars 3:15-4:45pm

Thursday Morning Seminars 9am-10:30am

- | | | |
|---|---|---|
| <input type="checkbox"/> Franciscan Monastery of the Holy Land In America | <input type="checkbox"/> Witness of Christians in the Middle East | <input type="checkbox"/> Witness of Christians in the Middle East |
| <input type="checkbox"/> Nat'l Museum of African Art | <input type="checkbox"/> Canadian Council of Churches | <input type="checkbox"/> Canadian Council of Churches |
| <input type="checkbox"/> Nat'l Museum of African-American History | <input type="checkbox"/> Healing Racial Conflict | <input type="checkbox"/> Healing Racial Conflict |
| <input type="checkbox"/> Nat'l Shrine/Basilica/Immac. Conception | <input type="checkbox"/> Conflict Resolution | |