

2025 National Workshop on Christian Unity Registration Form

Springhill Suites, Chicago, IL

CADEIO (Catholic Association of Diocesan Ecumenical and Interreligious Officers)

I will attend:

- | | | |
|--|---|-----------------------|
| <input type="checkbox"/> The Full Workshop | Includes National Workshop registration fee, \$400 (\$425 after 17 August), and CADEIO registration fee of \$100 per person (required). | \$400 / *\$425 |
| <input type="checkbox"/> The Full Workshop
(First Time Attendee) | Includes National Workshop registration fee, \$275 , and CADEIO registration fee of \$100 per person (required). | \$275 |
| <input type="checkbox"/> The Full Workshop
(Student Registration) | Includes National Workshop registration fee, \$100 + additional CADEIO registration fee for students, \$50 . | \$200 |
| <input type="checkbox"/> Seminarian Registration | NWCU one-day fee \$100 + additional CADEIO one-day fee, \$50 . | \$200 |

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 2025

mail to : Attn: James Biegler, PO BOX 2546, Appleton, WI 54912-2546

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!

Springhill Suites by Marriott
8101 W Higgins Rd, Chicago, IL 60631
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 Dinner on Wednesday? ☐ Yes ☐ No

Please indicate below the Seminar you plan to attend for each of the three scheduled seminar sessions:

Wednesday Interest Block One

- ☐ Option 1
- ☐ Option 2
- ☐ Option 3
- ☐ Option 4

Wednesday Interest Block Two

- ☐ Option 1
- ☐ Option 2
- ☐ Option 3
- ☐ Option 4