

THE DIOCESE OF LEXINGTON

110th Annual Convention

February 23-25, 2006

Covington, Kentucky

REGISTRATION FORM

PLEASE USE ONE FORM PER PERSON: (Type or print clearly)

(TITLE) (FIRST NAME) (MI) (LAST NAME) (DAYTIME TELEPHONE NO.)

(MAILING ADDRESS) (CITY) (STATE AND ZIP)

(CONGREGATION, CITY) (E-MAIL ADDRESS)

CHECK ONLY THE ONE THAT APPLIES

Clergy Deputy Clergy Spouse
 Alternate Retired Clergy* Other

CONVENTION FEE SCHEDULE

\$100.00 if registered on or before January 10, 2006.

\$125.00 if registered on or after January 11, 2006.

* \$75.00 if registered on or before January 10, 2006 (Retired from Diocese of Lexington).

* \$100.00 if registered on or after January 11, 2006 (Retired from Diocese of Lexington).

SPECIAL DIETARY NEEDS, Please list

**(All registration forms must be accompanied by a check
to complete the registration process for the Convention.)**

Please make checks payable to: **DIOCESE OF LEXINGTON**
mail to: **110th Convention Registration**
P.O. Box 610
Lexington, Kentucky 40588-0610