

REGISTRATION FORM FOR ALL DELEGATES AND GUESTS

Registration Fee: \$295.00 US per person
Please make checks payable to: Western Diocese PNCC

This registration form must be completed and submitted by
EACH delegate and/or guest along with full payment.

Registrations must be received by August 31, 2018

Please send your registration form, hotel reservation form and payment (registration + hotel) to:
Western Diocese Polish National Catholic Church
920 N. Northwest Hwy.
Park Ridge, IL 60068

Check one: Delegate _____ Guest _____

Personal Information (PLEASE PRINT ALL INFORMATION)

Name: _____ Sex: M F

E-mail Address: _____ Age _____

Address: _____ Apt # _____

City: _____ State _____ Zip code _____

Home phone #: _____ Mobile # _____

Parish Name: _____ City/State: _____

Diocese: _____ Pastor: _____

Roommate: _____ Parish: _____

Is this your first Synod? Yes No If no, how many have you attended? _____

Transportation Information

How will you be traveling: Alone? Group? Traveling by: Car Bus Van Air

Flight # / Arrival Time: _____ Departure Date / Flight Time _____

Will you (your group) need shuttle service from the airport? _____

Special Needs / Dietary (Please complete if you have any of the following)

Please specify any special dietary needs: _____

Assistive device Cane / Walker Wheelchair Handicap Accessible Room Required

Emergency Contact Name / Phone#: _____ Relationship: _____

We ask anyone who has a medical condition to keep a list of their history and medications with them during their stay should an emergency arise.