2013 DIOCESAN CONVENTION REGISTRATION FORM



Please submit one registration per person attending. *** PLEASE PRINT CLEARLY ***

Return by Friday, October 18, 2013 with payment to:

The Episcopal Diocese of Pittsburgh, Convention Registration 4099 William Penn Highway, Suite 502, Monroeville, PA 15146

Questions? Contact Judi at irogers@episcopalpah.org or 412-721-0853

Address Line 1	First Name			Last	Name	
				Last Name		
	Address Line 1			Address Line 2		
City		State	State		Zip	
Email						
Home Phone			Cell Phone			
Parish Name and Location			District			District
Preferred First and	Last Names fo	or Badge				
Convention Role		I w	l will attend:			
Lay Deputy Clergy Deputy			Both Friday evening and Saturday			
Alternate Deputy			Saturday only			
Non-canonical Clergy			Friday evening only			
Visitor Invited Guest						
Registration Fee – \$25				Do you have any special needs?		
Make checks payable to "Episcopal Diocese of Pitts			burgh"	Check here for Gluten-Free Other special needs, please specify:		
•	this form with yo	our check to the a			n-reg and mail your che	ck or pay at the doc

Name tag completed _____ Paid check # ____