

# REGISTRATION FORM

For office use only

The Catholic Women's League of Canada  
87<sup>th</sup> Annual National Convention  
Le Centre Sheraton, Montreal, Quebec  
August 12-15, 2007  
Advance Registration Deadline: July 6, 2007

Registration #: \_\_\_\_\_  
Date rec'd: \_\_\_\_\_  
Amount paid: \_\_\_\_\_

An early registration draw will be held on June 1, 2007. Winners will be notified by telephone.  
One person per registration form (photocopy additional forms)

Name: (please print) \_\_\_\_\_ Diocese: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Airline: \_\_\_\_\_ Flight #: \_\_\_\_\_ Arrival time: \_\_\_\_\_

I am attending this convention as a: (please check one)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> National Officer                       | <input type="checkbox"/> Honorary Life Member                | <input type="checkbox"/> Member of the Hierarchy      |
| <input type="checkbox"/> Voting Delegate (Provincial President) | <input type="checkbox"/> Life Member in National Council     | <input type="checkbox"/> National Spiritual Advisor   |
| <input type="checkbox"/> Provincial Accredited Delegate         | <input type="checkbox"/> CWL Member                          | <input type="checkbox"/> Provincial Spiritual Advisor |
| <input type="checkbox"/> Diocesan Accredited Delegate           | <input type="checkbox"/> Military Ordinariate Council Member | <input type="checkbox"/> Diocesan Spiritual Advisor   |
|   | <input type="checkbox"/> Guest                               | <input type="checkbox"/> Parish Spiritual Advisor     |

Delegates are responsible for accreditation through the national office.

This is my first national convention  YES  NO

Registration Fee: \$20.00 per day  Mon.  Tues.  Wed. OR \$50.00 for all three days

Please make cheque payable to "2007 CWL National Convention" (No refunds after July 16, 2007)

Remember to include special events tickets costs (see reverse) with the registration fee on your cheque.

The cancelled cheque will be your receipt.

TOTAL CHEQUE AMOUNT \$ \_\_\_\_\_

**Please complete the registration form and mail it with payment to  
Diane Lemay as indicated on reverse.**

Please specify any special needs (e.g. dietary or wheelchair, etc.) \_\_\_\_\_

Hotel reservations: **You are responsible for making your own hotel reservations.**

Le Centre Sheraton  
1201, Boulevard René-Levesque Ouest  
Montréal, QC H3B 2L7  
Tel: (800) 325-3535 Fax: (514) 878-3958  
To book on-line visit [www.cwl.ca](http://www.cwl.ca) and click on "National Conventions" then "Hotel Reservation."

You are responsible for your own transportation to the hotel. Cabs and airport shuttles are available.  
The convention is scent-free.