

2025 SUMMER INSTITUTE FOR CATHOLIC EDUCATIONAL LEADERSHIP

REGISTRATION FORM

ALL FIELDS ARE REQUIRED

(Please print, complete and mail form with check to address below)

Today's date:				
PARTICIPANT INFORMATION				
Last Name	First Name:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.	<input type="checkbox"/> other
		<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	
		<input type="checkbox"/> Fr.	<input type="checkbox"/> Rev.	
School/Parish/Employer:		Your Title:		
Address:		Address 2:		
City:	State:	ZIP Code:		
Work Phone:	Other Phone			
E-Mail Address:				
PAYMENT INFORMATION				
(If paying with a credit card please do so online at http://cnh.loyno.edu/lim/summer-institute)				
Cost for each participant: Early Bird Pricing \$100 until May 16th • \$120 after May 16th. Includes conference, daily breakfast and daily lunch. Please make check payable to Loyola University .				
Check#		Amount:		
Does the amount of this check include the fee for more than one participant? <input type="checkbox"/> No <input type="checkbox"/> Yes (see below)				
List the other attendees that are included with this payment and ask each to fill out the participant information on a separate registration form. If more room is needed use the back of this form.				
PLEASE NOTE: EACH PARTICIPANT MUST COMPLETE THE PARTICIPANT INFORMATION ON A SEPARATE REGISTRATION FORM				
Last:		First:		
Last:		First:		
Last:		First:		

Mail Check and Form(s) to:

Loyola Institute for Ministry / Loyola University New Orleans / 6363 St. Charles Avenue, Campus Box 67 /
New Orleans, LA 70118 / ATTN: Summer Institute