**2019 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:   | * Mr.
* Mrs.
* Fr.
 | * Dr.
* Ms.
* Rev.
 |  other   |
| 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/lplc/summer-institute/payment)**  |
| Cost for each participant is $150. 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?  No  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