**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