

Region II Convocation 2011  
"DEACONS: TREASURERS OF THE CHURCH"

**REGISTRATION FORM**

**A. Participant Information -**

Deacon:	[ ]	_____	(First Name)	_____	(Last Name)		
Spouse: (If Attending)	[ ]	_____	(First Name)	_____	(Last Name)		
Other:	[ ]	_____	(Title)	_____	(First Name)	_____	(Last Name)
Address:	_____						
		_____	(City)	_____	(Prov./State)	_____	(Postal/Zip Code)
Tel:	( )	_____	-	_____	e-mail:	_____	
						(Confirmations will be sent by e-mail)	
Date:	_____		Diocese	_____			

**B. Registration Fee - (cheques payable to "Archdiocese of Kingston - Region 2")**

**EARLY BIRD SPECIAL!** For registrations post-marked on or before 2 May, 2011 - \$150.00/person

Number of people [ ] X \$150.00 = \$ \_\_\_\_\_ [ ] Fee Enclosed [ ] Fee To Follow

**AFTER 2 May, 2011** The Registration Fee is \$175.00 /person

Number of people [ ] X \$175.00 = \$ \_\_\_\_\_ [ ] Fee Enclosed [ ] Fee To Follow

**C Workshops -**

Please choose **one** workshop from Session I and **one** workshop from Session II for each person -

- I. Deacon: [ ] Deacon as Instrument of Peace, **or** [ ] Deacon as Model of Ars Moriendi (Dying to self)  
I. Spouse: [ ] Deacon as Instrument of Peace, **or** [ ] Deacon as Model of Ars Moriendi (Dying to self)  
II. Deacon: [ ] Deacon as Embodiment of Compassion, **or** [ ] Deacon as Servant of Fecundity (Fruitfulness)  
II. Spouse: [ ] Deacon as Embodiment of Compassion, **or** [ ] Deacon as Servant of Fecundity (Fruitfulness)

**D. Special Needs -**

Please identify any **SPECIAL NEEDS** that you require.(i.e. diet restrictions/medical/accessability) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Mail Completed Registration Forms to:**

**DEACON PHILIP & PEGGY CARNEY**  
738 Holgate Cres.  
Kingston, Ontario, Canada  
K7M 5A6

[psychbus@cogeco.ca](mailto:psychbus@cogeco.ca)

(613) 634-0796

---