

Fertility Awareness Conference—Diocese of Helena

Name _____

Spouse / Fiancée _____

Address _____

City/State/Zip _____

Email _____

Phone Number _____

Alternate Phone Number _____

Parish _____

Emergency Contact _____ Phone Number _____

I authorize the Diocese of Helena and its authorized representative to contact the following person in the event of a medical emergency. Please sign with initials _____

\$49.00 for a couple | **\$39.00** for single

Mail to: Diocese of Helena, Pastoral & Renewal Services, P.O. Box 1729, Helena, MT 59624

I would like assistance with housing accommodations ____ Yes ____ No

Pastoral & Renewal Services of the Diocese will contact you to provide assistance if you check “yes.”

I understand that a picture of me and/or work created by me (e.g. still pictures, motion pictures, audio recording, or video re-cording, or other reproduction of your image) may be published by the Catholic Parish, Catholic School, Legendary Lodge, Diocese of Helena, and/or the Foundation for the Diocese of Helena, Inc., to advance the mission and purpose of the Catholic Church.

Print Name _____ Sign Name _____ Date _____

Print Name _____ Sign Name _____ Date _____