**Payment Registration**

**Special Meeting of the 178th Diocesan Convention**

October 31, 2015

Trinity Episcopal Church, Baton Rouge

**Steps for Pre-registration:**

1. Complete **Lay Delegate Certification Form** (if necessary); **have it signed** by the Rector, Vicar, Priest-in-Charge or, in the case of clergy vacancy, the Senior Warden.
2. Complete **Payment Registration Form** below. Payment should include each delegate, alternate, member of the clergy, and guest (including clergy spouses) planning to attend.
3. Remit payment for the total amount shown on the Payment Registration Form.
4. **Return the two forms and the check** **by** **September 30, 2015** to:

 Joy Shackelford, Convention Registrar

The Episcopal Diocese of Louisiana

1623 Seventh Street

New Orleans, LA 70115

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Payment Registration – Special Meeting of the 178th Diocesan Convention

October 31, 2015 Trinity Episcopal Church, Baton Rouge

Congregation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Clergy @ $10.00 $\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Delegates @ $10.00 $\_\_\_\_\_\_\_\_

City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Alternates @ $10.00 $\_\_\_\_\_\_\_\_

\_\_\_\_\_ Guests @ $10.00 $\_\_\_\_\_\_\_\_

 **Total Enclosed $\_\_\_\_\_\_\_\_**

**Clergy Planning to Attend** (List Names - please print or type):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guests (include clergy spouses):** Please use the back of this page for more guest registrations:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_