**Registration for Surviving Spouses of Deceased Clergy, Retired and**

**Non-Parochial Clergy, and Clergy not Resident in the Diocese of Louisiana**

Special Meeting of the 178th Diocesan Convention

October 31, 2015

Trinity Episcopal Church, Baton Rouge

Please complete the form below, **enclose a check payable to the Diocese of Louisiana for payment**, and send both to:

Joy Shackelford, Convention Registrar

The Episcopal Diocese of Louisiana

1623 Seventh Street

New Orleans, LA 70115

Please return registration and check by **September 30, 2015**.

**Active Non-parochial Clergy and Clergy not Resident in the Diocese of Louisiana**:

Number attending \_\_\_\_\_\_\_\_ @ $10.00 each $ \_\_\_\_\_\_\_\_\_

**Retired Clergy and Spouses and Surviving Spouses of Deceased Clergy**: Retired clergy and surviving spouses of deceased clergy may attend as the Bishop’s guests, paying to the Bishop’s Fund only what they can afford. Please indicate this below.

Those using the available scholarship:

Number attending \_\_\_\_\_\_\_\_ @ $ \_\_\_\_\_\_\_\_ each $\_\_\_\_\_\_\_\_\_\_

 **or**:

Those paying full registration fee:

Number attending \_\_\_\_\_\_\_\_ @ $10.00 each $ \_\_\_\_\_\_\_\_\_\_

**Total enclosed $ \_\_\_\_\_\_\_\_\_**

Names and addresses of those registering: (Please print clearly)

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

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_