**Registration Form for the 181st Diocesan Convention**

October 26th & 27th, 2018

St. Martin’s Episcopal School, Metairie

**Steps for Registration:**

1. Complete **Lay Delegate Certification Form**; **have it signed** by the Rector, Vicar, Priest-in-Charge or, in the case of clergy vacancy, the Senior Warden.
2. Complete **Payment & Registration** informationbelow. Payment should include each delegate, alternate, member of the clergy, and guest (including clergy spouses) planning to attend.
3. Return the two forms along with payment by **September 26, 2018** to:

Joy Shackelford, Convention Registrar

The Episcopal Diocese of Louisiana

1623 Seventh Street

New Orleans, LA 70115

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Payment & Registration – 181st Diocesan Convention

October 26th & 27th, 2018

St. Martin’s Episcopal School, Metairie

Congregation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Clergy @ $70.00 $\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Delegates @ $70.00 $\_\_\_\_\_\_\_\_

City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Alternates @ $70.00 $\_\_\_\_\_\_\_\_

\_\_\_\_\_ Guests @ $70.00 $\_\_\_\_\_\_\_\_

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

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

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

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

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**Guests (include clergy spouses):** Please use the back of this page if additional space is needed:

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

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

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

***(Please complete Delegate & Alternate information on reverse side)***

Please print or type the information below.

Delegates

**Name** **Email**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Alternates

**Name** **Email**

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