



**Diocese of Miami and the Southeast Parish Life Conference
June 12-15, 2024**

Hosted By: St. Stephen Church
130 Holy Cross Path, Hiram, Georgia 30141
(908) 370-8632

miamiplc@antiochianevents.com
www.miamiplc.org

Event Registration Form

Registration Deadline: June 1, 2024

We encourage everyone to pre-register. Food events will not be available for registration after June 1, 2024

First Name	Last Name	Birthdate			Organization Affiliation	Group	Packages Ticketed Events									Fees		Total (USD)														
		Ages 18 & under					Included in Package						Nont in Package			Processing Fee: Required for all 12+ who	Mandatory Registration Fee															
Please Print Clearly how you want your name to appear on your badge Anyone under the age of 18 MUST submit a completed and signed Minor Participation Form prior to receiving their Badge. Place an X in the appropriate boxes		Month	Day	Year	Antiochian Men	Antiochian Women	Order of St. Ignatius	Teen SOYO	Young Adult Ministry	Children (Ages 4-11)	Teens (Ages 12-19)	Adults (Ages 20 +)	Clergy Bishops, Priest & Deacon Only	Clergy Wives Priest & Deacon Wives only	Standard Package	Clergy and Clergy Wives Dinner	Thursday Brunch	Thursday Dinner	Friday Brunch	Friday Dinner	Order of St. Ignatius Meeting & Lunch Included in Clergy Package Only	Teen Outing ages 12-19										
																												\$				
																											\$					
																											\$					
																											\$					
																											\$					
										Children	\$100		\$25	\$30	\$25	\$30	\$40													TOTAL:		
										Teens	\$190		\$45	\$60	\$45	\$60	\$40	\$20	\$20	\$15									\$			
										Adults	\$190		\$45	\$60	\$45	\$60	\$40	\$20	\$20	\$15												
										Clergy	\$305	\$70	\$45	\$60	\$45	\$60	\$40	\$20	\$20	\$15												
										Clergy Wives	\$265	\$70	\$45	\$60	\$45	\$60	\$40	\$20	\$20	\$15												

Name: _____

Address: _____ City, State/Province, Zip Code/Postal Code: _____

Telephone: _____ E-mail: _____ Diocese: _____

Parish Name: _____ Parish City: _____ Parish State/Province: _____



Payment Form

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Please complete the information and mail or e-mail completed form to the information above. To process all transactions, the billing address must match the credit/debit card or checking account statement. If the address is the same please check box under the appropriate section, if not provide billing address below.

<p>Purchase Item (s) <i>Check all item(s) that is for this payment:</i></p> <p><input type="checkbox"/> Event Registration <input type="checkbox"/> Souvenir Journal <input type="checkbox"/> Sponsorship/Donation <input type="checkbox"/> Vendor</p>
<p>Payment Options (Check one):</p> <p><input type="radio"/> Credit/Debit Card <input type="radio"/> Check (E-Check) <input type="radio"/> Cash/Money Order</p>
<p>Credit/Debit Card Information <i>to be completed for all Credit/Debit Card Payments</i></p> <p><input type="checkbox"/> Credit/Debit Card billing address is same as previous page, if different billing address, please include billing address below</p> <p>Credit/Debit Card No: _____</p> <p>CVV2: _____ Exp. Date: _____</p>
<p>Check (E-Check) Information <i>to be completed for all Check Payments</i></p> <p>U. S. Accounts Only!</p> <p><input type="checkbox"/> Checking Account billing address is same as previous page, if different billing address please include billing address below</p> <p>Bank Account Type <input type="radio"/> Checking <input type="radio"/> Business Checking</p> <p>Name on Checking Account: _____ <i>As it appears on check</i></p> <p>Bank Routing (ABA) Number: _____ <i>9 Digit Bank Code (see Sample on right side)</i></p> <p>Bank Account Number: _____ <i>6-15 digit account number (see sample in eight side)</i></p>

All forms must be completed and include full payment in order to be accepted and processed

Please Include Credit/Debit or Checking Account Statement Billing address if different than provided first page

Name: _____

Billing Address: _____

City, State, Zip Code: _____

I acknowledge and understand that all purchases and/or donations are **non-refundable** as set forth in the Privacy Statement at www.antiochianevents.org/miami/terms-of-use; and hereby authorize the Antiochian Archdiocese, Diocese of Miami and the Southeast Parish Life Conference, to charge the credit/debit card or bank account as set forth on this form for all purchases and/or donations. When paying by check, **only checks drawn from U. S. Banks** will be accepted (for all other payments, please use credit/debit card). All checks **will be processed electronically** (via E-Check/ACH). Please do not mail a check with form. *All checks/credit card charges will appear on your statement as Antiochian Archdiocese.*

Amount: \$ _____ (USD) Date: _____

Signature _____

Signature required for all forms; Unsigned forms will not be processed!

Sample Credit/Debit Card



Sample Check

