



Diocese of Wichita and Mid-America Parish Life Conference
June 12—15, 2024

Hosted By: St. Michael Church (Beaumont, TX)
 680 N. 15th ST, Beaumont, TX 77702
 (409) 273-8006

wichitapl@antiochianevents.com
www.dowamapl.org

Event Registration Form

Early Registration Deadline: May 1, 2024

We encourage everyone to pre-register. Some events may sell out and will not be available at the Conference.

First Name	Last Name	Birthdate			Organization Affiliation	Group	Packages		Individual Events						Additional Events				Fees		Total (USD)															
		Ages 18 & under					Early Package	Standard Package	Incl. in Package										Ages 12 & older																	
Please Print Clearly how you want your name to appear on your badge		Month	Day	Year	Antiochian Women	Order of St. Ignatius	Teen SOYO	Young Adult Ministry	Children (Ages 4-12)	Teens (Ages 13-18 Only)	Adults (Ages 19+)	Clergy Bishops, Priest & Deacon Only	Clergy Wives Priest & Deacon Wives only	Early Package	Standard Package	Welcome Party (Wed)	Thursday Night Reception (Thurs)	Clergy & Clergy Wives Dinner	Choir Festival, Banquet & Hafli (Fri)	Kids Club (Thurs)	Kids Club (Fri)	Clergy Wives Outing (Fri)	Teen Outing (Fri)	Antiochian Women Lunch (Thurs)	Young Adult Outing (Fri)	Order of St. Ignatius Luncheon (Fri)	Hafli Only (Fri)	Processing Fee: Required for all 12+ who do	Mandatory Registration Fee							
1.																															\$					
2.																															\$					
3.																															\$					
4.																															\$					
5.																															\$					
									Children	\$110	\$145	\$40	\$40		\$75	\$2	\$25		\$50		\$55	\$25									TOTAL:					
									Teens	\$165	\$210	\$45	\$45		\$125				\$40	\$50		\$55	\$55	\$20	\$15							\$				
									Adults	\$165	\$210	\$55	\$55		\$125				\$40	\$50	\$35	\$55	\$55	\$20	\$15											
									Clergy	\$165	\$210	\$55	\$55	\$50	\$125				\$40	\$50	\$35	\$55	\$55	\$20	\$15											
									Clergy Wives	\$165	\$210	\$55	\$55	\$50	\$125			\$25	\$40	\$50	\$35	\$55	\$55	\$20	\$15											

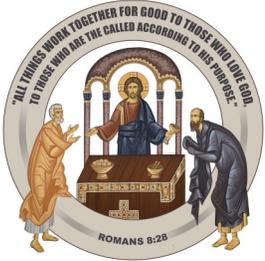
Name: _____

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/wichita/terms-of-use; and hereby authorize the Antiochian Archdiocese, Diocese of Ottawa 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

