Witness- 2008

REGISTRATION FORM

Please print or type clearly

Date:_____

NAME OF GROUP:_____

NAME OF GROUP LEADER:_____

MAIL ADDRESS:_____

_____

PHONE # (home)_____(work)_____(cell)_____

FAX NO. _____ E-Mail _____

_____ WEEKEND 1 July 11-13, 2008 or _____ WEEKEND 2 July 18-20, 2008

_____TOTAL NO. OF SPACES RESERVED

_____TOTAL FEE DUE (# X $155.00) only if post marked before March 3, 2008

_____TOTAL FEE DUE (# X $160.00) Post marked after March 3, 2008

_____TOTAL NON-REFUNDABLE DEPOSIT ENCLOSED
X **$50.00** payable to LA SALETTE SHRINE by check
or call with your VISA/ MASTERCARD in hand

_____ BALANCE DUE MAY 9, 2008

Mail to: Steubenville East
La Salette Shrine
947 Park Street
Attleboro, MA 02703-0965

If you have any questions,
please call the Conference
Office at 508-236-9000
Fax No. 508-222-6770
E-MAIL:steubenvilleeast@hotmail.com

PLEASE NOTE: A GROUP NUMBER WILL BE ASSIGNED TO YOU. ALL FUTURE CORRESPONDANCE MUST INCLUDE THIS GROUP NUMBER. You may use our new on-line registration program to manage your group once you receive your group number. All forms and our new registration program can be found through our website: **www.steubenvilleeast.org**.