

Monday, November 8 — Wednesday, November 10, 2010  
Hilton Bayfront • 333 First St. South • St. Petersburg, FL • 272-894-5000

ATTENDEE INFORMATION: A registration form must be completed for each person who will be attending the conference; photocopy this form as needed.

Your name:	Title:	Your email:
Name of Parish or Arch/Diocese:		
Address:	City, State, Zip:	
Telephone:	Fax:	

**REGISTRATION FEES:**

Your registration fee includes:

- Keynote addresses, workshops, and roundtable discussions
- Welcome reception, hospitality, and Dali event
- Breakfast and lunches Mon.-Wed.

		#	Total
Early Bird Registration (by Sept. 22, 2010)	\$299 per person	_____	_____
Early Bird (2 or more attendees from same organization*)	\$275 per person	_____	_____
Standard Registration (after Sept. 22, 2010)	\$349 per person	_____	_____
Optional Spouse / Guest Attendance at the Dali event	\$40 each	_____	_____
Hands-on training: Additional fee of \$35 per class will be charged when you select your classes. Class schedule will be available in July	TOTAL	_____	_____

\*For the purpose of registration for the Users' Conference, Dioceses, parishes & schools are considered separate organizations.

**SPECIAL NEEDS:**

Check here if you require assistance because of a disability, food allergy or another request which might require special accommodations.

**HOW TO REGISTER:**

1. Print your completed form
2. MAIL with payment to:

ParishSOFT Users' Conference  
825 Victors Way, Suite 200  
Ann Arbor, MI 48108

- 3 Secure FAX: 734.205.1011

**CANCELLATION POLICY:**

ParishSOFT will refund 100% of the conference registration fee if a cancellation is requested prior to September 22, 2010. ParishSOFT will refund 50% of the conference registration fee if a cancellation is requested after September 22, 2010 and before October 15, 2010. This cancellation policy does not apply to accommodations. All hotel cancellations must be handled separately with the hotel.

**PAYMENT METHOD:**

Please select one:  Check (made payable to ParishSOFT)  Bank Account  Credit Card  
(Provide information below for bank account or credit card.)

**Bank Account Information**

Bank Name: \_\_\_\_\_  
Account Type:  Checking  Savings  
(attach voided check) (attach deposit slip)  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**Credit Card Information**

Mastercard  Visa  American Express  Discover  
Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Card Issued to: \_\_\_\_\_ CVV \_\_\_\_\_  
Signature: \_\_\_\_\_  
Card Holder Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_