

Registration Form: Calgary 2018

All fields in **bold** are required

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **Prov/State:** _____ **Postal Code:** _____

Phone: _____ **Email:** _____

Gender: **Male** **Female**

University/Campus (if applicable): _____ Year of Study: _____

What age range do you fall under?

- I will be under 18 as of Dec 28/18 but finished high school 18-25
 26-35 36+

Please Note: If you are under 18 and have finished high school, please print off, read, and have your parent/guardian sign the waiver document on our website

PRIEST/DEACON/RELIGIOUS ONLY

Abbreviation of your order or community (if applicable; i.e. S.J.) _____

Order or Diocese representing: _____

Rise Up Registration Packages

Please select one of the following:

Student	Non-Student	Priest/Deacon/Religious
Hotel: Quadruple Occupancy (4 to a room, 2 beds) <input type="checkbox"/> \$350	Hotel: Quadruple Occupancy (4 to a room, 2 beds) <input type="checkbox"/> \$395	Hotel: Double Occupancy (2 to a room) <input type="checkbox"/> \$540
Hotel: Double Occupancy (2 to a room) <input type="checkbox"/> \$495	Hotel: Double Occupancy (2 to a room) <input type="checkbox"/> \$540	Hotel: Single Occupancy (1 person to a room) <input type="checkbox"/> \$830
Hotel: Single Occupancy (1 person to a room) <input type="checkbox"/> \$785	Hotel: Single Occupancy (1 person to a room) <input type="checkbox"/> \$830	Commuter (no hotel) <input type="checkbox"/> \$320
Commuter (no hotel) <input type="checkbox"/> \$270	Commuter (no hotel) <input type="checkbox"/> \$320	

Hotel Packages Include:

- Four nights hotel stay
- Conference fees and materials
- 3 hot brunches
- New Year's Eve Banquet and Bash

Commuter Packages Include:

- Conference fees and materials
- 3 hot brunches
- New Year's Eve Banquet and Bash

Additional Questions

Is this the first time you have attended this event? Yes No

How did you hear about this event? _____

In the Fall semester are you *taking* a CCO Faith Study?

Yes No If yes, which? _____

In the Fall semester are you *leading* a CCO Faith Study?

Yes No If yes, which? _____

Are you interested in learning more about joining CCO staff? Yes Not at this time

Do you have any allergies we should be aware of?

Please Note: CCO may not be able to accommodate each allergy.

None Gluten/Wheat Dairy Peanuts/Nuts If "other" please specify: _____

Please provide the names of up to three (3) preferred roommates of the same gender:

Please Note: preferred roommate selection is NOT guaranteed.

Payment

- I am paying the full amount of my conference fees of \$_____
- I am paying the deposit of **\$175** required to confirm my registration now and will pay the remainder by November 15th, 2018

Cheques are payable to **Catholic Christian Outreach**

Please mail registration form and payment to:
Catholic Christian Outreach
c/o Rise Up
1247 Kilborn Place
Ottawa, ON K1H 6K9
Fax: 613-736-1800

REGULAR REGISTRATION DEADLINE

Regular Registration ends November 15th, after this deadline, prices will increase by \$35. Payment and the registration form must be mailed and envelope postmarked on or before November 15th to receive Regular Registration prices.

Cancellations received on or before November 15, 2018 will receive a full refund less \$75.

*When form and payment are received, your registration will be entered into our system and you will receive a confirmation email. At that time, please log back in and select your workshops.
If you have any questions, please email us at: riseup@cco.ca
