



Columbus Catholic  
Women's Conference  
Registration  
February 16, 2019

Please send your completed registration with checks made out to:  
The Columbus Catholic Women's Conference  
Attn: Registrations  
2280 W. Henderson Road, Suite 205  
Columbus, OH 43220

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Parish: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone (in case we have questions on your registration): \_\_\_\_\_

Number of Regular Tickets: \_\_\_\_\_ Number of Student Tickets: \_\_\_\_\_

Total amount enclosed \_\_\_\_\_ Check# \_\_\_\_\_

Guest names for additional tickets (please indicate after name if ticket is regular "-R" or student "-S"):

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Meal(s). Please indicate how many attendees will need each type of meal.

\_\_\_\_\_ Gluten free salad with grilled chicken.

\_\_\_\_\_ Gluten free salad with grilled chicken/LOW GLUTEN HOST FOR MASS.

\_\_\_\_\_ Gluten free veggie salad.

\_\_\_\_\_ Gluten free veggie salad/LOW GLUTEN HOST FOR MASS.

\_\_\_\_\_ Salad with grilled chicken. \_\_\_\_\_ Turkey sub.

\_\_\_\_\_ Veggie salad. \_\_\_\_\_ Veggie sub.

\_\_\_\_\_ No lunch please.

Do you have any special needs or need translation services? (Spanish and ASL available):

Please indicate how many attendees will need these services.

\_\_\_\_\_ Sign language interpreting required.

\_\_\_\_\_ Español: Sí, necesito una traducción en vivo durante el programa.

\_\_\_\_\_ I need handicapped seating.

Note: Valet parking is also available at no charge with handicapped sticker.

*Your tickets will be available for pickup in the lobby of the conference on the day of the conference.  
If you would like to check on the status of your ticket, please give us at least two weeks to process.*