

2024 CONFERENCE REGISTRATION FORM

85th Annual Tekakwitha Conference • July 3-7, 2024 • Raleigh, NC

TYPE OR PRINT CLEARLY—ONE FORM PER REGISTRANT

U.S. CURRENCY ONLY—CASH, CHECK, MONEY ORDERS

TITLE (CIRCLE ONE) MOST REV. REV. MSGR. DEACON SISTER BROTHER DR. MR. MRS. MS.

FIRST NAME M.I. LAST NAME SUFFIX

MAILING ADDRESS

CITY STATE/PROVINCE ZIP/POSTAL CODE

TRIBE/NATION (IF APPLICABLE) (ARCH)DIOCESE SEX

PRIMARY PHONE EMAIL (IF APPLICABLE) DATE OF BIRTH (MM/DD/YYYY)

MEMBERSHIP DUES: NON-REFUNDABLE/NON-TRANSFERABLE NEW MEMBER _____ RENEWAL _____

SENIOR (55+) \$25 ADULT (18-54) \$30 INT'L (ALL AGES, 18+) \$35

NOTE: Non-members can pay CURRENT YEAR dues to unlock member-only registration rates.

CURRENT YEAR JULY 1, 2023—JUNE 30, 2024 \$ _____

NEXT YEAR JULY 1, 2024—JUNE 30, 2025 \$ _____

REGISTRATION FEE \$ 25.00

CONFERENCE FEES

	<u>MEMBER</u>	<u>NON-MEMBER</u>	<u>YOUTH</u>
SENIOR (55+)	\$110.00	\$150.00	—
ADULT (18-54)	\$135.00	\$175.00	—
YOUTH (13-17)	—	—	\$80.00
CHILD (4-12)	—	—	\$55.00
TODDLER (0-3)	REGISTRATION FEE ONLY		

CONFERENCE FEE \$ _____

(LESS) EARLY BIRD DISCOUNT \$ (15.00)

IF POSTMARKED BY FRIDAY APRIL 5, 2024

MEAL SERVICE

MEALS PLAN PRICES INCLUDE: BEVERAGE, SERVICE CHARGES, & TAXES—SOLD AS PACKAGES ONLY
DINNER— WEDNESDAY; LUNCH & DINNER— THURSDAY, FRIDAY, SATURDAY

SENIOR, ADULT, & YOUTH PLAN (13+)	\$200.00
CHILD PLAN (4-12)	\$140.00
TODDLER (0-3)	NO CHARGE

MEAL PLAN \$ _____

FOOD ALLERGIES: _____

SPECIAL MEALS: VEGETARIAN _____ VEGAN _____ GLUTEN FREE _____

NOTE: A MINIMUM 50% OF AMOUNT DUE MUST ACCOMPANY REGISTRATION FORM IN ORDER TO BE PROCESSED.

TOTAL DUE \$ _____

FRIENDS OF SAINT KATERI RESTRICTED FUND (OPTIONAL) DONATION \$ _____

Please make U.S. Check or U.S. Money Order payable to:

Tekakwitha Conference National Center
2225 North Bolton Avenue
Alexandria, LA 71303-4408

AMOUNT PAID \$ _____

BALANCE DUE \$ _____

2024 CONFERENCE REGISTRATION FORM

EMERGENCY & MEDICAL INFORMATION

EMERGENCY CONTACT _____

RELATIONSHIP _____

CONTACT PHONE NUMBER _____

ALTERNATE CONTACT _____

RELATIONSHIP _____

CONTACT PHONE NUMBER _____

MEDICATION ALLERGIES _____

PRESCRIPTIONS/MEDICAL CONDITIONS _____

IF WHEELCHAIR ASSISTANCE IS NEEDED, (SELECT ONE)

_____ WILL BRING OWN WHEELCHAIR

_____ REQUESTING WHEELCHAIR FOR ON-SITE USE

DISCLAIMERS

INDEMNIFICATION I AGREE TO INDEMNIFY AND HOLD HARMLESS FROM ALL LIABILITY THE TEKAKWITHA CONFERENCE, THE HOTEL, AND ALL THIRD-PARTY VENUES AND SERVICE PROVIDERS FROM ANY RELATED MEDICAL COSTS OR DAMAGES STEMMING FROM INJURY, ILLNESS, AND/OR COMMUNICABLE DISEASES, INCLUDING COVID-19, THAT I OR ANYONE ENTRUSTED TO MY CARE MIGHT BE DIAGNOSED WITH DURING OR AS A RESULT OF ATTENDING THIS EVENT.

INITIALS _____

PHOTO RELEASE THE TEKAKWITHA CONFERENCE RETAINS THE RIGHTS AND PERMISSIONS TO PUBLISH WITHOUT CHARGE ALL PHOTOGRAPHS AND VIDEO FOOTAGE CAPTURED AND RECORDED DURING THIS EVENT. THESE IMAGES & VIDEOS MAY BE USED IN BOTH DIGITAL AND PRINT FORMATS FOR PROMOTIONAL, EDUCATIONAL, AND ARCHIVAL PURPOSES.

I CONSENT _____ YES _____ NO

INITIALS _____

PRINT NAME _____

SIGNATURE _____

_____/_____/_____
DATE (MM/DD/YYYY)

LOCAL TRANSPORTATION

TRANSPORTATION INFORMATION WILL BE PROVIDED WHEN AVAILABLE.

T-SHIRTS

_____ YES, I WOULD LIKE TO PRE-ORDER T-SHIRTS. I AGREE TO PICK UP & PAY AT THE TEKAKWITHA CONFERENCE VENDOR TABLE BY FRIDAY, JULY 5, AT 3 PM LOCAL TIME.

NO PRE-PAYMENTS FOR T-SHIRTS.

PLEASE INDICATE QUANTITY REQUESTED PER SIZE.
ADULT SIZES ONLY.

S	M	L	XL	2X	3X	4X
_____	_____	_____	_____	_____	_____	_____

If you are a **priest** or **deacon** who wishes to concelebrate or assist in our conference liturgies, please contact Deacon/Priest TOA or with phone of said person for instructions on submitting a letter of suitability from your Bishop or Superior.