

Registration Form – AFC 2010 Buffalo, NY

Name _____ Congregational Initials _____ Region # _____

Congregation/Institute _____ E-Mail _____

Address _____ City _____ State _____ Zip _____ Country _____

Phone: Home _____ Work _____ Cell _____ Fax _____

TITLE CODE: Please check (✓) all appropriate boxes:

- General/Provincial Minister Congregation Voting Member Council Member
- General Member Congregational Associate or Co-Member Guest
- Federation Associate Member Commuter First Time Participant
- Banquet Honoree – Congregation _____

PLEASE INDICATE (✓) THE SESSIONS YOU PLAN TO ATTEND:

Wednesday, July 28th

- Opening Social 7:30-9:00 p.m.

Commission Sessions - PLEASE SELECT ONLY (✓) ONE COMMISSION

- Commission of Elected Leaders (for Elected Leaders only) Facilitator: Lynn Patrice Lavin OSF
- Commission of Charism Services (for Members and Interest Groups) Facilitator: Mary Elizabeth Imler OSF (Franciscans International, Franciscan Action Network, Franciscan Pilgrimage Program, Common Franciscan Novitiate, Franciscan Retreat Centers, Education/Colleges/Universities, Liturgists, Spiritual Directors, JPIC, Sponsorship/Mission Effectiveness Leaders, Musicians, Artists, and Directors of Associates, Formation and Vocation Ministries)
- Commission of Regions (for all Members) Facilitator: Bea Eichten OSF
Ways to carry the message and blessings of this conference to the regions with time to share information, to dream, and to plan.

Friday, July 30th

- Franciscan Banquet** 6:00 p.m. (Seating will be managed at the on-site registration desk.)
- I would prefer a vegetarian meal. I am in need of a diabetic meal. I am in need of gluten free meal

LITURGY VOLUNTEERS

Please indicate your willingness to assist by checking (✓) the appropriate box:

- Lector Eucharistic Minister

HOTEL ACCOMMODATION:

- Staying at the Hyatt Regency Hotel (This information is important for the National Office.)

PAYMENT: CREDIT CARDS ARE NOT ACCEPTED

Send registration with full payment or with an \$80 non-refundable, non-transferable deposit

- Check* (Payable to Franciscan Federation) **AMOUNT ENCLOSED** _____

*If your check is for more than one person please include the names of all those included in the payment.

Registration confirmation will be sent by email.

Mail registration to:

**Franciscan Federation
ATTN: AFC 2010
P.O. Box 29080, Washington DC 20017**

FOR OFFICE USE ONLY	
Amount: _____	Date Paid: _____
<input type="checkbox"/> Paid by Check # _____	

TO AVOID LATE FEES, ALL REGISTRATIONS MUST BE POSTMARKED BY JUNE 25, 2010