

\$25 Paid Registration is due by **Wednesday, December 12.**

MAIL THIS FORM to address below.

REGISTRATION: Advent Day of Reflection & Reconciliation (PLEASE PRINT!)

Name: _____ Paid Registration: _____ people x \$25 each = \$ _____
Address: _____
Phone: _____
E-Mail: _____

Payment: Check # _____ Credit Card: V / MC
#: _____
Exp: _____ **TOTAL:** \$ _____

Number of Persons attending: _____ **Advent Day of Reflection & Reconciliation**
Addl. Name(s): _____ **Saturday, December 15, 2018**
_____ **9:00 a.m. - 3:00 p.m. Lunch included**
_____ *8:30 a.m. Check-In, Coffee*

THE SHRINE OF OUR LADY OF POMPEII... 25 YEARS, SHINING ON!
1224 West Lexington Street, Chicago, IL 60607 * 312.421.3757 * ourladyofpompeii.org