

**65<sup>th</sup> Annual Ontario Provincial Convention**  
**The Catholic Women's League of Canada**  
**Kingston Diocese**  
**July 7 - 11, 2012, Ambassador Conference Resort, Kingston**  
**REGISTRATION FORM**

*"Thank you for not using scented products during this convention."*

**Deadline for registration: June 7, 2012**

**No refunds after June 22, 2012**

**One Form Per Person. Please PRINT Clearly or TYPE**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

CWL Council: \_\_\_\_\_ Town/City: \_\_\_\_\_

Diocese: \_\_\_\_\_

**PLEASE CHECK ONE CATEGORY ONLY:**

- Provincial Spiritual Advisor**
- Provincial Officer - Accredited Delegate** (attach credential form)
- Diocesan Voting Delegate (1)** (attach credential form)
- Diocesan - Accredited Delegate (2)** (attach credential form)
- Diocesan Spiritual Advisor**
- Parish Council - Accredited Delegate (1)** (attach credential form)
- Parish Spiritual Advisor**
- Honorary Life Member - Accredited Delegate** (attach credential form)
- Life Member - Accredited Delegate** (attach credential form)
- Past Provincial President - Accredited Delegate** (attach credential form)
- Catholic Women's League Member**
- Military Ordinariate Member**
- Member of the Hierarchy**
- National Officer/National Spiritual Advisor**
- Guest**

- Registration Fees:**
- \$25 full convention registration - includes Annual Report Book
  - \$10 single day registration - includes Annual Report Book

- Circle:**
- |                          |                          |                          |                                                                         |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------|
| <b>Mon.</b>              | <b>Tues.</b>             | <b>Wed.</b>              | <b>(If only attending one day)</b>                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> \$10 late fee (registering after June 7, 2012) |

*The personal contact information provided will be used by the convention registration committee for registration, preparing name tags, assigning workshops and will be destroyed once the convention is adjourned.*

**Make all cheques payable to: 2012 CWL Provincial Convention**

**Mail to:** Nancy Richer, 11155 Grisdale Blvd., RR 1, Iroquois, Ontario, K0E 1K0  
Telephone: 613-652-1789 or email: cn-flyfishers@storm.ca



## Credential Form - Parish Council Accredited Delegate

### ONE PER PARISH COUNCIL

*This contact info will be used by the registration committee and provincial recording secretary for checking credentials, preparing voting cards and the credential record. Information will be destroyed once the convention is over.*

This is to certify that:

Name (please print): \_\_\_\_\_

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

Is the Accredited Delegate of \_\_\_\_\_ Parish Council

Town/City: \_\_\_\_\_ Diocese: \_\_\_\_\_

Signature of Parish Council President: \_\_\_\_\_

Signature of Parish Council Recording Secretary: \_\_\_\_\_

Return this with your registration form to: Nancy Richer, 11155 Grisdale Blvd., RR 1, Iroquois, ON, K0E 1K0

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## Credential Form - Life Member Accredited Delegate

*This contact info will be used by the registration committee and provincial recording secretary for checking credentials, preparing voting cards and the credential record. Information will be destroyed once the convention is over.*

Please check one:

Hon. Life Member       Life Member       Past Provincial President

Name (please print): \_\_\_\_\_

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

Diocese: \_\_\_\_\_

Signature of Life Member: \_\_\_\_\_

Copy of convention minutes:      YES / NO (Circle one)

Return this with your registration form to: Nancy Richer, 11155 Grisdale Blvd., RR 1, Iroquois, ON, K0E 1K0

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## Credential Form - Provincial Accredited Delegate

*This contact info will be used by the registration committee and provincial recording secretary for checking credentials, preparing voting cards and the credential record. Information will be destroyed once the convention is over.*

This is to certify that:

Name (please print): \_\_\_\_\_

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

Is an Accredited Delegate of the Ontario Provincial Council

Signature of Provincial President: \_\_\_\_\_

Signature of Provincial Recording Secretary: \_\_\_\_\_

Return this with your registration form to: Nancy Richer, 11155 Grisdale Blvd., RR 1, Iroquois, ON, K0E 1K0

**Credential Form - Diocesan Voting Delegate**

**ONE PER DIOCESE**

*This contact info will be used by the registration committee and provincial recording secretary for checking credentials, preparing voting cards and the credential record. Information will be destroyed once the convention is over.*

This is to certify that:

Name (please print): \_\_\_\_\_

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

Is a Voting Delegate of the Diocese of: \_\_\_\_\_

Signature of Diocesan President: \_\_\_\_\_

Signature of Diocesan Recording Secretary: \_\_\_\_\_

Return this with your registration form to: Nancy Richer, 11155 Grisdale Blvd., RR 1, Iroquois, ON, K0E 1K0

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**Credential Form - Diocesan Accredited Delegate**

**TWO PER DIOCESE**

*This contact info will be used by the registration committee and provincial recording secretary for checking credentials, preparing voting cards and the credential record. Information will be destroyed once the convention is over.*

This is to certify that:

Name (please print): \_\_\_\_\_

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

Is an Accredited Delegate of the Diocese of: \_\_\_\_\_

Signature of Diocesan President: \_\_\_\_\_

Signature of Diocesan Recording Secretary: \_\_\_\_\_

Return this with your registration form to: Nancy Richer, 11155 Grisdale Blvd., RR 1, Iroquois, ON, K0E 1K0

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**Credential Form - Diocesan Accredited Delegate**

**TWO PER DIOCESE**

*This contact info will be used by the registration committee and provincial recording secretary for checking credentials, preparing voting cards and the credential record. Information will be destroyed once the convention is over.*

This is to certify that:

Name (please print): \_\_\_\_\_

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

Is an Accredited Delegate of the Diocese of: \_\_\_\_\_

Signature of Diocesan President: \_\_\_\_\_

Signature of Diocesan Recording Secretary: \_\_\_\_\_

Return this with your registration form to: Nancy Richer, 11155 Grisdale Blvd., RR 1, Iroquois, ON, K0E 1K0