

DO NOT DUPLICATE
NO DUPLIQUE

Send your \$75.00 fee with this form
Envíe su cuota de \$ 75.00 con esta forma
POSTMARK AFTER February 22
Fee is \$85.00
SI LA ESTAMPILLA DE CORREO
esta sellada
después del 22 de febrero será \$85.00

Congress Registration Form
Forma de Inscripción para el Congreso
PO Box 761157, Los Angeles, CA 90076-1157
Make Checks Payable To: Religious Education Congress
PLEASE PRINT / USAR LETRA DE MOLDE

FOR OFFICE USE ONLY

CHK CASH MO

First Name/Primer Nombre Giovanni Last Name/Apellido Perez
Address/Domicilio 3424 Wilshire Blvd. Floor 3
City/Ciudad Los Angeles State/Estado CA Zip Code/Zona Postal 90010
Phone/Cell (213) 637-7410 E-Mail (required) goperez@la-archdiocese.org

PERIOD PERIODO	FRIDAY/VIERNES			SATURDAY/SABADO			SUNDAY/DOMINGO	
	1st PERIOD 10:00-11:30	2nd PERIOD 1:00-2:30	3rd PERIOD 3:00-4:30	4th PERIOD 10:00-11:30	5th PERIOD 1:00-2:30	6th PERIOD 3:00-4:30	7th PERIOD 10:00-11:30	8th PERIOD 1:00-2:30
1st Choice 1ra Opción	1-10	2-11	3-12	4-06	5-07	6-57	7-70	8-51
2nd Choice 2da Opción	1-52	2-53	3-54	4-10	5-13	6-14	7-26	8-56
3rd Choice 3ra Opción	1-55	2-58	3-57	4-12	5-21	6-26	7-57	8-01

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First Name/Primer Nombre GIOVANNI PEREZ Last Name/Apellido _____
Address/Domicilio 3424 WILSHIRE BLVD
LOS ANGELES CA 90010-2241
City/Ciudad LOS ANGELES CA 90010-2241 Zip Code/Zona Postal _____
Phone/Cell (213) 637-7410 E-Mail (required) goperez@la-archdiocese.org

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If mailing label is correct, affix in shaded area. Please fill in phone numbers.
Registration form will be returned if not complete!

Si la etiqueta con su dirección esta correcta, péguela en la sección claraoscuro.
Por favor escriba números de teléfono.

La Forma de Inscripción se le regresará si no esta completa.

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Cell Phone () _____ Alt Phone () _____ E-Mail _____

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