

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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Address/Domicilio 3424 WILSHIRE BLVD
LOS ANGELES CA 90010-2241
City/Ciudad _____ Zip Code/Zona Postal _____
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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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City/Ciudad _____ State/Estado _____ Zip Code/Zona Postal _____

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

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