



Dioceses of New York and Charleston & the Mid-Atlantic
 Parish Life Conference]
 June 27 – 30, 2024
 Hosted By: St. Mary's Church (Hunt Valley, MD)
 724-238-39 x402
nyplc@antiochianevents.com
www.nativityofthetheotokos.org

Event Registration Form

Early Registration Deadline: June 1, 2024

We encourage everyone to pre-register. Some events may sell out and will not be available at the Dioceses of New York and Charleston & the Mid-Atlantic Parish Life Conference.

First Name	Last Name	Birthdate <i>Ages 18 & under</i>			Organization Affiliation	Group	Individual Events <i>Incl. in Package</i>										Additional Events <i>Not Incl. in Package</i>		Fees	Total (USD)										
		Month	Day	Year			Activities require own transportation										Processing Fee: <i>Required for all 12+ who do not purchase an event</i>	Mandatory Registration Fee <i>Ages 12 & older</i>												
<p>Please Print Clearly how you want your name to appear on your badge</p> <p>Anyone under the age of 18 MUST submit a completed and signed Minor Participation Form prior to receiving their Badge.</p> <p>Place an X in the appropriate boxes for each</p>					Antiochian Men	Antiochian Women	Order of St. Ignatius	Teen SOYO	Young Adult Ministry	Children (Ages 4-12)	Teens (Ages 13-18 Only)	Adults (Ages 19 +)	Clergy Bishops, Priest & Deacon Only	Clergy Wives Priest & Deacon Wives only	Early Package by June 1, 2024	Antiochian Women Luncheon	Clergy/Clergy Wives Breakfast	Children's Program Thurs.	Children's Program Fri.	Teen Program Thurs.	Teen Program Fri.	Antioch Got Talent Dinner	Idlewild Park - no transportation	Coal Tubin - Trns/Acts - no transportation	Sightseeing - Fort Ligonier	Sightseeing - Falling Water				
1.																														\$
2.																														\$
3.																														\$
4.																														\$
5.																														\$
										Children 4-12	\$75						\$30	\$30			\$30	\$35		\$20	\$35			TOTAL:		
										Teens 13-18	\$95									\$30	\$30	\$50		\$45	\$20	\$35	\$20	\$15		\$
										Adults 19 and up	\$95	\$55									\$50	\$35	\$45	\$20	\$35	\$20	\$15			
										Clergy	\$125	\$55	\$35								\$50	\$35	\$45	\$20	\$35	\$20	\$15			
										Clergy Wives	\$125	\$55	\$35								\$50	\$35	\$45	\$20	\$35	\$20	\$15			

Name: _____

Address: _____ City, State/Province, Zip Code/Postal Code: _____

Telephone: _____ E-mail: _____ Diocese: _____

Parish Name: _____ Parish City: _____ Parish State/Province: _____

Payment Form



Dioceses of New York and Charleston
 & and the Mid-Atlantic Parish Life Conference]
 June 27 – 30, 2024
 Hosted By: St. Mary's Church (Hunt Valley, MD)
 724-238-3877 x402
nypic@antiochianevents.com
www.nativityofthetheotokos.org

Please complete the information and mail or e-mail completed form to the information above. To process all transactions, the billing address must match the credit/debit card or checking account statement. If the address is the same please check box under the appropriate section, if not provide billing address below.

<p>Purchase Item (s) <i>Check all item(s) that is for this payment:</i></p> <p> <input type="checkbox"/> Event Registration <input type="checkbox"/> Souvenir Journal <input type="checkbox"/> Sponsorship/Donation <input type="checkbox"/> Vendor </p>
<p>Payment Options (Check one):</p> <p> <input type="radio"/> Credit/Debit Card <input type="radio"/> Check (E-Check) <input type="radio"/> Cash/Money Order </p>
<p>Credit/Debit Card Information <i>to be completed for all Credit/Debit Card Payments</i></p> <p> <input type="checkbox"/> Credit/Debit Card billing address is same as previous page, if different billing address, please include billing address below </p> <p>Credit/Debit Card No: _____</p> <p>CVV2: _____ Exp. Date: _____</p>
<p>Check (E-Check) Information <i>to be completed for all Check Payments</i></p> <p>U. S. Accounts Only!</p> <p> <input type="checkbox"/> Checking Account billing address is same as previous page, if different billing address please include billing address below </p> <p>Bank Account Type <input type="radio"/> Checking <input type="radio"/> Business Checking</p> <p>Name on Checking Account: _____ <small><i>As it appears on check</i></small></p> <p>Bank Routing (ABA) Number: _____ <small><i>9 Digit Bank Code (see Sample on right side)</i></small></p> <p>Bank Account Number: _____ <small><i>6-15 digit account number (see sample in eight side)</i></small></p>

All forms must be completed and include full payment in order to be accepted and processed

Please Include Credit/Debit or Checking Account Statement Billing address if different than provided first page

Name: _____

Billing Address: _____

City, State, Zip Code: _____

I acknowledge and understand that all purchases and/or donations are **non-refundable** as set forth in the Privacy Statement at www.antiochianevents.org/ny/terms-of-use and hereby authorize the Antiochian Archdiocese, Dioceses of New York and Charleston & Mid-Atlantic Parish Life Conference, to charge the credit/debit card or bank account as set forth on this form for all purchases and/or donations. When paying by check, **only checks drawn from U. S. Banks** will be accepted (for all other payments, please use credit/debit card). All checks **will be processed electronically** (via E-Check/ACH). Please do not mail a check with form. *All checks/credit card charges will appear on your statement as Antiochian Archdiocese.*

Amount: \$ _____ (USD) Date: _____

Signature _____

Signature required for all forms; Unsigned forms will not be processed!

Sample Credit/Debit Card



Sample Check

