



Caring & Compassion Conference
Christian Health Care Center
Friday, September 17: 6:30-9:00 PM
Saturday, September 18: 8:30 AM – 3:00 PM

2010 Registration Form

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE(S) _____

EMAIL _____

REGISTRATION TYPE:

(check applicable) Full registration includes lunch on Saturday.

_____ EARLY REGISTRATION through June 15 **\$65**

_____ REGISTRATION after June 15 **\$85**

_____ FRIDAY NIGHT ONLY **\$25**

_____ GROUP RATE **\$50** for groups of six or more who register at the same time.
Please contact us if you would like to apply for scholarship assistance.

Please list your workshop preferences, in order of priority: (see attached list)

Friday night (one workshop) _____

Saturday (four workshops) _____

PAYMENT TYPE:

_____ Credit Card: # _____ (M/C, Visa, AmEx)

Expiration Date: _____ Signature _____

_____ Check Enclosed

Send completed form: Christian Health Care Center, Attn: Diane Cioffi, Pastoral Care Dept
and payment to: 301 Sicomac Avenue, Wyckoff, NJ 07481

or email information to dcioffi@chccnj.org