

2024 NDICE REGISTRATION FORM

Name _____

Preferred Name on Badge _____

Check One: Deacon Deacon - Candidate Deacon - Widow Other

Address _____

City _____ State _____ Zip _____

Telephone _____

E-Mail _____

(Arch) Diocese _____

Is this your first time at NDICE? Yes No If yes, were you invited by a past attending Deacon? If so, Please list his name: _____

Name of Spouse (if) attending _____

I/We would be interested in going on a tour of area attractions ie.: Shrine of Our Lady of the Snows, The Cathedral of St. Peter. (Itinerary not finalized at time of print)

Registration Policy

Although we would prefer you register and pay on-line for accuracy and ease of record keeping, we realize that would prove a hardship for some. So, we include a paper form for your convenience. We ask you follow these simple instructions:

ALL FEES MUST BE PAID IN ADVANCE

Make checks payable to NDICE • Send Registration Form and payment to:
Deacon Hank Babin • 4460 Miranda Dr. • Olive Branch, MS 28654

CANCELLATION POLICY

Prior to July 1, 2024 Amount Paid Less \$50 Cancellation fee.
July 1-19 Amount Paid LESS 50%

_____ Deacon or Deacon-Candidate Only (\$295.00) = \$ _____

_____ Deacon or Deacon-Candidate & Spouse (\$395.00) = \$ _____

_____ Deacon Widow NO CHARGE

_____ Other Participants (Vendors etc.) (\$445.00) = \$ _____

LUNCHES

Box Lunches – Sandwich, Chips, Cookie & Soda, Tea, or Coffee

_____ **HONEY BAKED HAM Tuesday** (\$15.00) = \$ _____

_____ **HONEY BAKED TURKEY Tuesday** (\$15.00) = \$ _____

_____ **Meatless COBB SALAD Tuesday** (\$15.00) = \$ _____

_____ **CHICK-FIL-A Sandwich Wednesday** (\$15.00) = \$ _____

_____ **VEGGIE WRAP Wednesday** (\$15.00) = \$ _____

_____ Banquet Only (Included in Registration) (\$70.00) = \$ _____

Choose Banquet Meal Entree

Meat – Chicken Marsala/Beef Brisket w/ Raspberry Glaze

Vegetarian – Veggie Lasagna

(If you have any special dietary needs, please specify on a separate sheet.)

HOUSING – We recommend the following area hotels

Drury Inn \$119 per night (Includes Breakfast & Evening Kickback)

Evening Kickback = Soup, Salad, Hot Entree & 3 Drinks (over 21)

Hampton Inn Fairview \$119 per night (Includes Breakfast)

These are Special Rates – Ask for the NDICE Block of Rooms

Contribution I would like to make a charitable contribution to NDICE = \$ _____

Total Enclosed \$ _____

**For a complete list of area hotels and rates contact: Deacon Gerry Bach
618.978.3888 or Deacon 1948@charter.net
or visit our website NDICE.net/Conference**