

2020 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 _____

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, 2020 Amount Paid Less \$50 Cancellation fee.
July 1-19 Amount Paid LESS 50%

_____ Deacon or Deacon-Candidate Only (\$240.00) = \$ _____

_____ Deacon or Deacon-Candidate & Spouse (\$325.00) = \$ _____

_____ Deacon Widow NO CHARGE

_____ Other Participants (\$345.00) = \$ _____

FOOD (For ALL meals Sunday Dinner thru Wednesday Lunch)

_____ Persons with all 3 meals all days (\$150.00) = \$ _____

_____ Persons with lunch & Dinner (all days) (\$135.00) = \$ _____

_____ Persons with Breakfast & Dinner (all days) (\$125.00) = \$ _____

All meals Prices Include the Banquet

_____ Banquet Only (\$70.00) = \$ _____

Choose Banquet Meal Entree

Chicken Steak Vegetarian

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

Housing (Campus Dormitory; List Number of Overnites)

_____ Single Room(s) x \$60.00 per night x () nights = \$ _____

_____ Double Room(s) x \$80.00 per night x () nights = \$ _____

Total Conference Fees = \$ _____

Contribution

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

Total Enclosed \$ _____

Housing Needs

Sat. July 18 Sun. July 19 Mon. July 20 Tues. July 21 Wed. July 22

Name of person(s) sharing room/suite _____

**If you wish off-campus housing contact: Deacon Ken Mitchel;
502-445-6840 Kmitchell@SaintRita.net or check Xavier.edu for a list
of nearby hotels/motels.**