

NATIONAL CATHOLIC COMMITTEE ON SCOUTING ®

42nd NCCS Biennial Conference

April 19 - 22, 2012 ~ Irving, Texas

Participant Registration

Please PRINT or Type information as you wish it to appear on your Conference Name Badge

[] Mr [] Mrs [] Ms [] Rev [] Br [] Sr [] Deacon

PARTICIPANT'S NAME:

Mailing Address: (Please Check One) [] Home [] Business

ADDRESS

CITY: STATE: ZIP:

HOME PHONE: BUS. PHONE:

FAX NUMBER: E-MAIL:

[] Archdiocese [] Diocese [] Eparchy

[] Member of a Standing Committee? If so, which one:

[] Executive Board Member [] Advisory Board Member [] Region Chair [] Region Chaplain

[] Paid Membership Status: [] Associate Member [] Life Member

Please indicate any Special Needs or FOOD ALLERGIES you or anyone in your party has:

Family / Guest Registration Information

SPOUSE NAME: [] Mr [] Mrs [] Ms [] Deacon

[] Mr [] Mrs [] Ms [] Rev [] Br [] Sr [] Deacon

GUEST NAME:

GUEST NAME:

GUEST NAME:

Notes:

- 1. A completed registration form is required of all participants.
2. Registration form and information is available on the internet at www.nccs-bsa.org
3. Registration form and information should be reproduced locally if you need additional copies.
4. Programmed meals included in registration fee categories as indicated on next page.
5. Conference registrant credentials (official nametag & issued event tickets) required for admission to all conference functions

Registration continues on next page

MEETING FEES: REGISTRATION - MEALS - OPTIONAL EVENTS

MEETING REGISTRATION:

	Number	Cost	Total
NCCS Associate / Life Member - <i>Early Bird</i> (Before March 19)	_____	\$ 275.00	_____
NCCS Associate / Life Member - <i>Late Registration</i> (After March 19)	_____	\$ 375.00	_____
(INCLUDES all programmed meals EXCEPT Saturday & Sunday lunches - optional meals for purchase below)			
Select Saturday Banquet Entrée:	___	Sliced Sirloin Strip Steak	
	___	Grilled Salmon	
	___	Chicken Rosemary	
	___	Vegetarian	
Non-Member Registration - <i>Early Bird</i> (Before March 19)	_____	\$ 320.00	_____
Non-Member Registration - <i>Late Registration</i> (After March 19)	_____	\$ 400.00	_____
(INCLUDES all programmed meals EXCEPT Saturday & Sunday lunches - optional meals for purchase below)			
Select Saturday Banquet Entrée:	___	Sliced Sirloin Strip Steak	
	___	Grilled Salmon	
	___	Chicken Rosemary	
	___	Vegetarian	
Spouse / Guest Registration - <i>Early Bird</i> (Before March 19)	_____	\$ 175.00	_____
Spouse / Guest Registration - <i>Late Registration</i> (After March 19)	_____	\$ 205.00	_____
(INCLUDES all programmed breakfasts & Friday Dinner Excursion & Saturday Banquet; Purchase any lunches below)			
Select Saturday Banquet Entrée:	___	Sliced Sirloin Strip Steak	
	___	Grilled Salmon	
	___	Chicken Rosemary	
	___	Vegetarian	
Two Day Registration Fee - (Meals & Friday Excursion NOT included)	_____	\$ 200.00	_____
One Day Registration Fee - (Meals & Friday Excursion NOT included)	_____	\$ 125.00	_____

MEAL TICKETS: (For any meals not indicated as included with Registration fee above)

Friday	Bishop's Luncheon	_____	\$ 28.00	_____
Friday	Texas BBQ Dinner Excursion	_____	\$ 33.00	_____
Saturday	Breakfast of Champions	_____	\$ 17.00	_____
Saturday	NCCS Annual Banquet	_____		_____
	Select entrée: Sliced Sirloin Strip Steak	_____	\$ 48.00	_____
	Grilled Salmon	_____	\$ 48.00	_____
	Chicken Rosemary	_____	\$ 48.00	_____
	Vegetarian	_____	\$ 48.00	_____
Sunday	Prayer Breakfast	_____	\$ 17.00	_____

OPTIONAL MEALS:

Saturday	Philmont Reunion Lunch	_____	\$ 29.00	_____
Sunday	Luncheon	_____	\$ 25.00	_____

TOTAL AMOUNT: \$ _____

(Deposit to Account # 62005-4810)

This registration form MUST be accompanied by full payment in the form of a check or money order or by credit card. Your Registration includes a \$65.00 non-refundable deposit. Registrations are transferable any time prior to the Conference. Request for refunds must be made in writing by April 5, 2012. (Allow six to eight weeks for refund processing). There will be a \$40.00 charge for any returned check.

Method of Payment: American Express Visa / MC Discover

Check #

Credit Card #	Expiration	Amount:
Name on Credit Card: Please Print	Date:	Signature:

Mail this completed form & check payable to NCCS for Registration to:
National Catholic Committee on Scouting PO Box 152079 Irving, TX 75015-2079