

(Please Print)

2011 Martha & Mary Women's Conference

Name _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Parish/Congregation _____ City _____

Please check if this is your first time attending a Springtime of Hope conference.

I have attended this conference before and am bringing _____ new people this year.

\$48 Women \$25 Full-time student / age: _____ \$30 Women Religious

I need scholarship help. I can only pay \$ _____ Donation \$ _____

Vegetarian lunch preferred Gluten-free lunch needed

Hearing Impaired Other: _____

Total amount enclosed: \$ _____ Check # _____ or _____ Cash

Make checks payable to **Springtime of Hope**© and mail to **3089 Spring Valley Road, Dubuque, IA 52001**

Discount: Invite your family and friends - Deduct \$5 from **YOUR** registration fee for EACH first-time attendee that registers **with** you. Offer ends February 5th.

Sorry, no refunds! If you cannot attend after making a reservation, your fee will be used to sponsor a scholarship.

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