



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 \$ _____ God has been good. I can donate \$ _____
- 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 Springtime of Hope, 3665 Keystone Drive, Dubuque IA 52002. Discount: Invite your family and friends - Deduct \$5 from YOUR registration fee for EACH first-time attendee that registers with you. Offer ends February 1. Sorry, no refunds! If you cannot attend after making a reservation, your fee will be used to sponsor a scholarship.



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