

**Celebrating Mission & Outreach**  
**Mail-in Registration**  
**Registration Deadline: Wednesday, May 5, 2010**

**Registrant # 1** \_\_\_\_\_

Street Address/ City, State Zip \_\_\_\_\_

Email Address (please print clearly) \_\_\_\_\_

Contact Number \_\_\_\_\_ Church/Town \_\_\_\_\_

**Registrant # 2** \_\_\_\_\_

Street Address/ City, State Zip \_\_\_\_\_

Email Address (please print clearly) \_\_\_\_\_

Contact Number \_\_\_\_\_ Church/Town \_\_\_\_\_

**Registrant # 3** \_\_\_\_\_

Street Address/ City, State Zip \_\_\_\_\_

Email Address (please print clearly) \_\_\_\_\_

Contact Number \_\_\_\_\_ Church/Town \_\_\_\_\_

**Registrant # 4** \_\_\_\_\_

Street Address/ City, State Zip \_\_\_\_\_

Email Address (please print clearly) \_\_\_\_\_

Contact Number \_\_\_\_\_ Church/Town \_\_\_\_\_

**Registrant # 5** \_\_\_\_\_

Street Address/ City, State Zip \_\_\_\_\_

Email Address (please print clearly) \_\_\_\_\_

Contact Number \_\_\_\_\_ Church/Town \_\_\_\_\_

**Registration Fee Per Person: \$15 if received by May 5 / \$20 thereafter**

Please enclose check(s) in the proper amount payable to "Diocese of WNY" (Memo: Celebrating Mission/Outreach) with this completed registration form. Mail to:

**Celebrating Mission & Outreach Conference**  
**Episcopal Diocese of Western New York**  
**1114 Delaware Avenue**  
**Buffalo, NY 14209**