

Group Registration Form **CS-ECTX-10**

Submit this form to your Group Leader/Coordinator

(One form per registrant)



Name _____ Phone _____

Address _____ home work Email (required) _____

City _____ State/Province _____ Zip/PostCode _____ Country _____

Group / Faith Community(optional) _____ Group Leader _____

Group Registration Fee:

Special Needs:

- Hearing Mobility Sight
 Vegetarian Other: _____

- Please send me a complimentary issue of your publication, **Radical Grace**.
 I would like to contribute to the scholarship fund for this conference. Amt: \$ _____

Please Note:
To receive the group rate,
your registration must be
postmarked (or faxed)
by Nov. 26, 2010

Method of Payment

Check or money order (payable to CAC) Visa MasterCard _____

Card #: _____

Expiration date (mo/yr): _____ **Total Amount \$** _____

3 digit security code: _____

Name and address on registration form must match billing address of credit card, if paying by credit card. If billing address is different, please check here and write billing address on back of form. Thank you.

Cancellation policy: \$50 non-refundable deposit on all registrations. Some amounts may be refundable or transferable. For a detailed explanation of the policy, call (505) 242-9588 or visit our website at www.cacradicalgrace.org.



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