

“Come to Me”

~ Matt 11:28



# HELENA Montana

Catholic Women's  
CONFERENCE

Friday, April 1, 2022 ~ 5:30 p.m.

Rosary and Mass – Cathedral of St. Helena

Saturday, April 2, 2022 ~ 7 a.m.

Conference – Helena Civic Center

More info: [HelenaCWC.com](http://HelenaCWC.com) OR (406) 594-1455

## REGISTRATION PRICING:

- ✦ Individual – *early bird* \$53 per person (\$63 after Mar 2 to Mar 25)
- ✦ Groups of 5 or more **\$43 per person** (mail-in only – by March 10)
- ✦ Student \$15 per person (to Mar 25)
- ✦ At Door \$70 per person (lunch not guaranteed)
  
- ✦ Priest or Religious Sister Complimentary Registration – call Velma (406) 422-1719 or email [rvburnett@charter.net](mailto:rvburnett@charter.net)
- ✦ Scholarships are available for women in financial need – call Judy (406) 594-1455 or email [jtangenober@gmail.com](mailto:jtangenober@gmail.com)

## Group Registration Form

Thank you for registering a group for the 6<sup>th</sup> Annual Catholic Women's Conference!  
To obtain the group discount rate of \$43 per person, please abide by the following:

1. **Size:** Your group must consist of *at least 5 women*.
2. **Submission:** All group names must be entered at one time (*no 'add-on' members can be accepted after group has registered*).
3. **Leader:** Designate one woman as Group Leader (our main contact for your group, and we suggest that the Group Leader collect money from all group attendees *prior to registering*).
4. **Payment:** Group members are not registered until payment is received in full. You must submit form(s) and payment to New Evangelization for the World on or before March 10, 2022 (After March 10, only Individual reservations accepted at the prices shown above.)
5. **Refunds:** No refunds are available. A woman unable to attend may either contact us about transferring her registration to another woman or donate the funds as a scholarship.

Checks should be made payable to “New Evangelization for the World”

**MAIL COMPLETED FORM(S) WITH FULL PAYMENT TO:**

New Evangelization for the World / PO Box 775 / Helena, MT 59624

***Please be sure ALL information is filled out for each Group Member and printed clearly – Thank you!***

NAME

PHONE *Circle one: Home / Cell / Work*

ADDRESS

EMAIL

CITY / STATE / ZIP

PARISH *Name / City*

**This is the  
Group Leader  
Member #1**

Group Leader  
use:

**Paid by**

Cash

Check

**LUNCH SELECTION** – Included if registered through March 10. Must be chosen in advance.

Roast Beef & Cheddar on Wheat  Chicken Salad on Wheat  Roasted Vege on Multigrain  Gluten Free Garden Salad

***Please be sure ALL information is filled out for each Group Member and printed clearly – Thank you!***

NAME

PHONE *Circle one: Home / Cell / Work*

ADDRESS

EMAIL

CITY / STATE / ZIP

PARISH *Name / City*

**LUNCH SELECTION** – Included if registered through March 10. Must be chosen in advance.

- Roast Beef & Cheddar on Wheat    Chicken Salad on Wheat    Roasted Vege on Multigrain    Gluten Free Garden Salad

**This is  
Member #2**

Group Leader  
use:

**Paid by**

- Cash  
 Check

***Please be sure ALL information is filled out for each Group Member and printed clearly – Thank you!***

NAME

PHONE *Circle one: Home / Cell / Work*

ADDRESS

EMAIL

CITY / STATE / ZIP

PARISH *Name / City*

**LUNCH SELECTION** – Included if registered through March 10. Must be chosen in advance.

- Roast Beef & Cheddar on Wheat    Chicken Salad on Wheat    Roasted Vege on Multigrain    Gluten Free Garden Salad

**This is  
Member #3**

Group Leader  
use:

**Paid by**

- Cash  
 Check

***Please be sure ALL information is filled out for each Group Member and printed clearly – Thank you!***

NAME

PHONE *Circle one: Home / Cell / Work*

ADDRESS

EMAIL

CITY / STATE / ZIP

PARISH *Name / City*

**LUNCH SELECTION** – Included if registered through March 10. Must be chosen in advance.

- Roast Beef & Cheddar on Wheat    Chicken Salad on Wheat    Roasted Vege on Multigrain    Gluten Free Garden Salad

**This is  
Member #4**

Group Leader  
use:

**Paid by**

- Cash  
 Check

***Please be sure ALL information is filled out for each Group Member and printed clearly – Thank you!***

NAME

PHONE *Circle one: Home / Cell / Work*

ADDRESS

EMAIL

CITY / STATE / ZIP

PARISH *Name / City*

**LUNCH SELECTION** – Included if registered through March 10. Must be chosen in advance.

- Roast Beef & Cheddar on Wheat    Chicken Salad on Wheat    Roasted Vege on Multigrain    Gluten Free Garden Salad

**This is  
Member #5**

Group Leader  
use:

**Paid by**

- Cash  
 Check