"Come and Be Transformed"

2024 ODCCW Leadership Symposium at
St. Stephen Retreat Center - retreatcenter.suscopts.org

WHEN: Saturday, July 27th, 10 a.m. through Sunday, July 28th, 2024 (Registration begins at 9 a.m. both days)
WHERE: St. Stephen Retreat Center, 4951 South Washington Avenue, Titusville, FL
Visit ODCCW website at https://www.odccw.com/ for more information.

Name: _____ First Name for Badge: _____

Address: _____

Phone: _____ Email: _____

Affiliation: _____ Deanery: _____ Diocese_____

☐ I am willing to share a king-sized bed in Double Room ☐ I need a first-floor room ☐ I need a handicapped room

HANDICAP ROOMS ARE VERY LIMITED. Please do not request one if you are able to use a regular bathroom.
If you are unable to use stairs, just request a first-floor room. These rooms are assigned on a first come, first served basis.

Check all that apply:

❒ Member ❒ First-Time Attendee ❒ Guest ❒ Presenter ❒ Deanery Rep
❒ Officer: _____ ❒ Commission Chair: _____
Your Office Your Commission

Choose your Sunday Session (Select only 1):

❒ President/Vice President ❒ Treasurer ❒ Molly Member
❒ Secretary/Corresponding Secretary ❒ Parliamentary Procedures

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Full-time Attendee :

❒ 1 night (Sat) - Double - per person (inc 4 meals) $112.00
Roommate: _____
❒ 1 night (Sat) Single (includes 4 meals) $145.00
❒ 2 nights (Fri/Sat) - Double per person (inc 5 meals)
Roommate _____ $169.00
❒ 2 nights (Fri/Sat) - Single (includes 5 meals) $230.00
(Late registration fee if applicable) **Total:** _____

Commuter Attendee :

❒ Registration - Saturday	$ 22.00
❒ Registration – Sunday	$ 22.00
❒ Saturday Lunch	$ 17.00
❒ Saturday Dinner	$ 22.00
❒ Sunday Breakfast	$ 14.00
❒ Sunday Lunch	$ 17.00
(Late registration fee if applicable)	**TOTAL** _____

❒ Friday Night Dinner (Dutch Treat)

REGISTRATION DEADLINE: **July 4, 2024**
LATE FEE after July 4, 2024: $25.00 and Subject to availability **NO REFUNDS after July 5, 2024**
Checks and Money Orders should be payable to: **ODCCW, INC**
Use ODCCW Credit Card Authorization Form for credit card payment.
Mail or email all registration paperwork to:
Margarita Pecoraro
1884 Bel Court, Indialantic, FL 32903
Email**: margaritapecoraro@gmail.com** Phone/Text: **321-412-8854**

For Registrar Use Only: Date Received _____ Amount: _____ CC _____ Check #_____