

**Archdiocese of Chicago Reception of the Third Edition of the Roman Missal**

There are two registration options: On-line Registration begins August 09, 2010, at [www.usml.edu/romanmissal](http://www.usml.edu/romanmissal), or Mail-in Registration that requires the completion of the form below.

Please note that none of your information will be shared with any other agency or institution. Billing information provided on this form will be shredded upon completion of receiving funds.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

(Your e-mail address will NOT be shared)

If you need special assistance, please explain: \_\_\_\_\_

**ACTIVE PRIESTS: \$50.00** \_\_\_\_\_ (OR) **RETIRED PRIESTS: \$25.00** \_\_\_\_\_

**OPTIONAL BUFFET DINNER FROM 5:30 PM – 7:00PM: \$30.00** \_\_\_\_\_

**TOTAL ENCLOSED WITH REGISTRATION: \$**\_\_\_\_\_

***BILLING INFORMATION:***

\_\_\_ Check Enclosed Please make check payable to: **CATHOLIC BISHOP OF CHICAGO**

\_\_\_ Credit Card Payment \_\_\_ VISA \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express

**TOTAL AMT. AUTHORIZED ON CARD:** \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name (print): \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**I agree to pay the total amount according to the card-issuer agreement.**

**Please Note: Registration for the October 19 Priests' Day gathering is managed through the University of St. Mary of the Lake  
The charge to your credit card will appear on your statement as University of St Mary of the Lake**

---

Please mail your completed form and payment to: Department of Parish Life and Formation, c/o Robert Bennett, 3525 S. Lake Park Ave., Chicago, IL 60653. Fax registration: (312) 534-3856. Confirmation will be sent upon receipt. Thank you!