

Registration Form

Please register me for the architecture workshop.

Registration Fee (*includes lunch*) \$60.00 _____

Dinner (*optional*) \$12.00 _____

Total enclosed: _____

Name _____

Church _____

Address _____

Phone _____

E-mail _____

Please make checks payable to The Liturgical Institute
and send with registration form to:

Architecture
The Liturgical Institute
1000 East Maple Avenue, Mundelein, IL 60060

You may charge the registration and fees to your credit card:

Mastercard VISA American Express

Card no. _____

Exp. date ____/____ sign _____