

**Canadian Conference of Catholic Cursillos
Conference 2010
St. Francis Xavier University, Antigonish, NS**

PERSONAL INFORMATION	<p>Last Name _____ First Name _____ Mr / Mrs/ Ms _____</p> <p>Mailing Address _____</p> <p>City _____ Province _____ Postal Code _____</p> <p>Phone: () _____ Fax: () _____ Email: _____</p>
CURSILLO INFORMATION	<p>I am a Voting Delegate: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>I am voting as: Lay Director <input type="checkbox"/> Spiritual Director <input type="checkbox"/> Lay Member <input type="checkbox"/> <i>Each secretariat is allowed 4 votes. Lay and Spiritual Advisor and 2 others. The Lay and Spiritual Advisor may not be replaced.</i></p> <p>Cursillo Movement: _____</p> <p>Year of my Cursillo: _____ Diocese: _____</p> <p>I have attended a National Conference: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If "Yes" years attended: _____</p>
ARRIVAL INFORMATION	<p>I will be arriving by: PLANE <input type="checkbox"/> CAR <input type="checkbox"/> BUS <input type="checkbox"/> SHUTTLE VAN <input type="checkbox"/></p> <p>I will require transportation to the Conference: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>From: <input type="checkbox"/>Halifax Airport <input type="checkbox"/> Bus Terminal <input type="checkbox"/> Shuttle Van drop off (please specify location <input type="checkbox"/></p> <p>Arrival Date: _____ Time: _____</p> <p>Airline: _____ Flight #: _____</p> <p>Bus # _____ Shuttle Van _____</p> <p>You will be advised of pickup times and places once you have registered. <i>(Please note. If you plan on arriving before June 24th or leaving after June 27th you will need to make your own arrangements for getting to the university and for extra days accommodations.</i></p>
DEPARTURE INFORMATION	<p>I will require transportation from the Conference: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>To: Halifax Airport <input type="checkbox"/> Bus Terminal <input type="checkbox"/> Shuttle Van Drop off <input type="checkbox"/> _____</p> <p>Departure Date: _____ Time: _____</p> <p>Airline: _____ Flight #: _____ Bus: _____</p>
SPECIAL REQUIREMENTS	<p>Please let us know of any food allergies or other requirements. Please be specific: i.e. Wheelchair accessible room, diabetic etc.</p>
ACCOMMODATIONS Please specify the Names of your Roommates See information sheet	<p>Three types of accommodations:</p> <p>1. 4 bedroom apartment, single bed in each room with shared bath between rooms. \$270 pp <input type="checkbox"/></p> <p>2. Hotel style suite, ONE double bed, private bath, suitable for a couple \$285 pp <input type="checkbox"/></p> <p>3. Suite with two private rooms each with ONE double bed, shared bathroom and kitchenette, suitable for two couples \$255 pp <input type="checkbox"/> (must be booked as a suite)</p> <p>Offsite \$170 pp <input type="checkbox"/></p> <p>After April 30th, above prices increase by \$20 pp Option 1. \$290 pp. Option 2. \$305 pp. Option 3. \$275 pp. Offsite. \$190 pp</p> <p style="text-align: center;">Please make cheque payable to CCCC 2010 Conference. CCCC Resource Centre, 957 Brunette Ave. Coquitlam, BC V3K 1E1</p>