



**August 26— August 29, 2020**  
**Arlington, VA**

*Fragrance Free*

Early Bird Registration  
 must be received in the NCCW office on or  
 before May 29, 2020.

Registration Closes July 31, 2020

**Mail to:**  
**National Council of Catholic Women**  
**200 N. Glebe Rd. Suite 725**  
**Arlington, VA 22203**

www.nccw.org / 703-224-0990 / nccw01@nccw.org

**Registration is Nonrefundable**

Registrations can be transferred in full for the current  
 event, or the registration amount only (excluding  
 tours, fundraisers and meals) can be transferred to  
 the following year's event.

Note: Optional events (meals, tours, etc.) can only be  
 purchased with a full/one day registration OR spouse  
 registration. They cannot be purchased separately.

**Office Use Only**

Registration 4400/20 \_\_\_\_\_  
 Grab and Go 4405/20 \_\_\_\_\_  
 Spiritual Advisors Lunch 4443/20 \_\_\_\_\_  
 Province Dinner 4407/20 \_\_\_\_\_  
 Banquet 4441/20 \_\_\_\_\_  
 Fundraiser 4442/20 \_\_\_\_\_  
 Tour 4446/20 \_\_\_\_\_  
 Pin 4600/20 \_\_\_\_\_

**Registrant:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Diocese \_\_\_\_\_

Province \_\_\_\_\_

**Please circle Yes or No:**

Do you pay Individual dues (50.00) to NCCW? Y / N  
 Do you pay Supporting Member dues  
 (100.00) to NCCW? Y / N  
 Are you a Spiritual Advisor for NCCW? Y / N  
 Are you a Birthday Club member? Y / N  
 Are you part of the Legacy Circle? Y / N  
 Are you a Board of Director for NCCW? Y / N  
 Is this your first NCCW Convention? Y / N  
 Are you currently a president of an affiliate of the NCCW  
 i.e. parish, deanery, diocese, sodality, altar society etc. Y / N

**Spouse Registrant if applicable**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

**Convention Registration:**

**Early Bird Full Registration** (must be received in the NCCW office on or before May 29,2020) \$300.00 \_\_\_\_\_

**Full Registration** received in the NCCW office between May 30 – July 31, 2020 \$350.00 \_\_\_\_\_

**One Day Registration** (No Early Bird pricing for this ticket)  
Circle all that apply: Thursday August 27 Friday August 28 Saturday August 29 \$150.00 Each day \_\_\_\_\_

**Spouse Registration** (No Early Bird pricing for this ticket) \$150.00 \_\_\_\_\_

**Registration Add-ons:**

**Evening Tour of Washington DC** (Tuesday August 25, 2020 7:00pm-10:00pm) \_\_\_\_\_ x \$40.00 each \_\_\_\_\_

**Basilica of the National Shrine Bus and Mass** (Wednesday August 26, 2020 10:00am-2:00pm) \_\_\_\_\_ x \$25.00 each \_\_\_\_\_

**Fundraiser: Jersey Tenors** (Friday August 28, 2020 8:00pm) \_\_\_\_\_ x \$40.00 each \_\_\_\_\_

**Spiritual Advisors Luncheon** (NCCW Spiritual Advisors only, Thursday, August 27, 2020 1:00pm – 2:30pm) \_\_\_\_\_ x \$48.00 each \_\_\_\_\_

Meal Choice: \_\_\_\_\_ Grilled Chicken with Penne Pasta  
\_\_\_\_\_ Roasted Cauliflower and chickpeas – Vegetarian option

**Grab and Go Bag Lunch** (Thursday August 27, 2020 1:00pm) \_\_\_\_\_ x \$25.00 each \_\_\_\_\_

Includes: sandwich , chips, and drink

Meal Choice: \_\_\_\_\_ Turkey on Whole-wheat Hoagie  
\_\_\_\_\_ Ham and Cheese on Italian Hoagie  
\_\_\_\_\_ Veggie Roll-up

**Province Dinner** (Thursday August 27, 2020 6:00pm – 9:00pm) \_\_\_\_\_ x \$75.00 each \_\_\_\_\_

Meal Choice: \_\_\_\_\_ Herb Crusted Pork Chop  
\_\_\_\_\_ Panko Crusted Salmon  
\_\_\_\_\_ Red Quinoa and zucchini Cake - Vegetarian Option

**Closing Banquet** (Saturday August 29,2020 , 7:00pm – 9:00pm) \_\_\_\_\_ x \$85.00 each \_\_\_\_\_

Meal Choice: \_\_\_\_\_ Flank steak and Panko Crusted Chicken  
\_\_\_\_\_ Roasted Tomato and Eggplant Tart - Vegetarian option

**Under 40 Gathering** (Thursday August 27, 2020 5:00pm-6:00pm) \_\_\_\_\_ x .00each **.00**

**2020 Convention Pin** \_\_\_\_\_ x \$5.00 each \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

**Payment:**

Check enclosed:# \_\_\_\_\_ **OR**

Credit Card: \_\_\_MasterCard \_\_\_ Visa \_\_\_ AMEX \_\_\_ Discover Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Card Holders Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_